



PERSONAL INFORMATION

1. Family Name		Given name (commonly used)		Other given name(s)	
2. Permanent Address				3. Telephone	
No.	Street	Province		Tel.	
City		Postal Code		()	
				or	
				()	
4. E-mail		5. Date of Birth		6. Gender	
				7. Citizenship	
		Optional		F M	
				Permanent resident (1)	
				Country of origin	

EDUCATION

8. City and region where you went to high school:

9. GENERAL STUDIES

9.1. High School	Institution	Field	Diploma	Year

9.2. College/CÉGEP	Institution	Field	Diploma	Year

9.3. University	Institution	Field	Diploma	Year
Undergraduate				
Graduate (Master's)				
Graduate (Doctorate)				
Other				

10. FUTURE STUDIES

10.1. Degree Sought **MASTER'S** **DOCTORATE**

10.2. University or Faculty or School _____

10.3. Department _____

10.4. Program of Study _____

10.5. Field of Interest _____

10.6. Number of Credits in Program _____ Credits Obtained to Date _____

10.7. Expected Date of Graduation _____

11. FIELDS

COOPERATION	EDUCATIONAL SCIENCES AND RELATED FIELDS
ECONOMICS, ADMINISTRATION, MANAGEMENT	SOCIAL SCIENCES
FINANCE (Accounting, Financial Planning)*	HUMANITIES AND ARTS
NATURAL, PURE & APPLIED, HEALTH SCIENCES	CREATIVE AND PERFORMING ARTS
HEALTH (Gerontology/Geriatrics)*	PROFESSIONAL MASTER'S (no thesis)

* Program offered in partnership with Desjardins subsidiaries (see instruction sheet).

(1) Permanent residents must include the relevant documents listed in the eligibility criteria with their applications

Submit three copies, between December 15 and March 1 (latest)

12. Previously Received Bursaries

Year	From (Organization)	Amount

13. Other Bursaries Applied for This Year (if applicable)

Year	From (Organization)	Amount

Brief Description

14. Work Experience

Position	Employer	Start Date	End Date

15. Other Experiences (Brief description)
(Extra-curricular and social activities, publications, other...)

16 A. Describe your research project and study program: present the following parameters of your project:
Title
Objectives
Issues
Methodology

OR

16 B. Professional studies
Describe activities other than coursework (internships, essays, etc.) to be carried out, and provide a career plan
Essays: Provide subject
Internship: If possible, indicate location, expected schedule of projects, goals.

Master's: Name of research coordinator
Doctorate: Name of Master's thesis research coordinator
Name of Doctorate thesis research coordinator

Confine answer to the space that follows; use reverse of page if necessary. Do not add pages.

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17. Justify your training plans in terms of how they relate to your experience, your previous studies and your plans for the future.

Confine answer to the space that follows. Do not add pages.

I hereby certify that the above statements are true.

Date

Signature

Name and address of your caisse:
(to facilitate transmission only)

If you are not a member, indicate the caisse closest to you:

Deadline: March 1 *(Postmark constitutes proof of mailing)*
Return three copies of form and appendices to:

FONDATION DESJARDINS
1, Complexe Desjardins – C.P. 7, Succursale Desjardins – Montréal, QC – H5B 1B2
Tel. (514) 281-7171 – Toll free 1-800-443-8611 – Fax (514) 281-2391
E-mail: fondation.desjardins@desjardins.com

Incomplete or illegible applications will be rejected. You will receive a response by the beginning of July.

EVALUATION SHEET

To be filled out by the applicant prior to forwarding to evaluator

Applicant's family name		Given name (commonly used)	Other given name(s)
Permanent Address			Telephone
No	Street	()
City	Province	or	
	Postal Code	()
E-mail			

Summary of research project or description of courses, internships or essays
 (for evaluator review)

M/D
March 1

TO BE FILLED OUT BY EVALUATOR
Complete form and forward to applicant.
Fondation Desjardins
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E-mail: fondation.desjardins@desjardins.com

Please note that applicant may consult this report upon request

Name of applicant _____ Master's _____ Doctorate _____
If you cannot evaluate a particular item, please write N/A

	Exceptional Top 2%	Exceptional Next 8%	Above average Next 20%	Average Next 20%	Below average Next 50%
A. Skills and knowledge					
B. Originality, creativity					
C. Aptitude for research					
D. Attendance at work					
E. Judgment					
F. Overall intellectual ability					
G. Project's chances of success					

How long have you known the applicant?

Judging by your experience, how would you rate this student out of a group of 100 other students in the same field?

Please justify your evaluation – Comments:

Name of Evaluator: _____ Position _____

Institution _____ Date _____ Signature _____

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