

**Acrobat Reader 7.0 and higher:** To enter and save information on this document, you must first save it to your hard drive. Click on the diskette icon in the tool bar or select the “Save as” option from the “File” menu.

**PERSONAL INFORMATION**

1. Family Name		Given name (commonly used)		Other given name(s)	
2. Permanent Address				3. Telephone	
No.	Street		Tel.		
			( )		
City	Province		or		
	Postal Code		( )		
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:

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**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	<b>MASTER'S</b>	<b>DOCTORATE</b>
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**

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

\* 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

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

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

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](mailto: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	(	)
		or	
City	Province	(	)
	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 in a sealed envelope.  
 Fondation Desjardins  
 Tel. (514) 281-7171 – 1-800-443-8611  
 E-mail: [fondation.desjardins@desjardins.com](mailto: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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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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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 \_\_\_\_\_