



**Dorimène Bursaries**  
Girardin-Vaillancourt Program

1. Program applied for: **Executive Woman (MBA or Master's)**  **Back to School (Bachelor's)**   
(or comparable level)

PERSONAL INFORMATION			
2. Family Name		Given Name (Commonly Used)	Other Given Name(s)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
3. Permanent Address			4. Phone
No	Street	Province	( )
City	Postal Code	Postal Code	or
			( )
5. E-mail		6. Date of Birth	7. Residence status (Canadian citizen or recent immigrant)
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Optional			

8. Name of Employer

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EDUCATION				
<b>9. GENERAL STUDIES</b>				
9.1. High School	Institution	Field	Degree	Year
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9.2. CEGEP (Jr. College/Prep)	Institution	Field	Degree	Year
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
9.3. University	Institution	Field	Degree	Year
Undergraduate	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Other	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<b>10. EXPECTED FIELD OF STUDY</b>				
10.1. Degree sought _____				
10.2. University or Faculty or School _____				
10.3. Department _____				
10.4. Program of Study _____				
10.5. Field of Interest _____				
10.6. Student Category		Full-time <input type="checkbox"/>	Part-time <input type="checkbox"/>	
10.7. Expected Date of Graduation _____				

## Dorimène Bursaries

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Four copies to be submitted between December 15 and April 15 (deadline)

### Section 17 to be filled out by Master's applicants (Female Managers)

17. Position at Desjardins Group

\_\_\_\_\_

Position within business unit

\_\_\_\_\_

Salaried workers:      Regular – Full time

Regular – Part time

18. Describe your study plans      *Please confine answer to this space*

19. Justify your plans in terms of your experience, your previous studies and your plans for the future      *Please confine answer to this space*

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### Question 17 to be filled out by Bachelor applicants only (Back-to-school)

11. End date of last program of study  Number of years since last studied

Last course of study followed (if degree not granted)

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12. Work experience to date  
(Specify the nature of your activities) *Please confine answer to this space*

Function	Employer	Start Date	End Date
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#### 12.1 Current employment status

Self-employed

Unemployed

Full-time

Part-time

13. Other experience Brief description  
**(Extra-curricular, social or other activities, publications, etc.)**

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#### 14. Civil Status

Single

Married

Widowed

Separated

Divorced

Common-Law

Single Parent

#### 15. For applicants who are married or in a common-law type relationship

15.1 Is your spouse employed? YES  NO

If so, specify position: \_\_\_\_\_

15.1 Is your spouse a student? YES  NO

Where? \_\_\_\_\_ Level: \_\_\_\_\_

16. Number of dependent children: \_\_\_\_\_

Ages : \_\_\_\_\_

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**20. Other subsidies applied for this year, if applicable**

Year	Organisation	Amount

**21. Specify amount of financial assistance you receive from your employer**

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21.1 Do you have a work arrangement with your employer? YES  NO

21.2 Do your studies require an unpaid leave? YES  NO

**22. List expenses not covered by your employer**  
(E.g.: child care, transportation costs, unpaid leave, etc.)

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I hereby certify that the above statements are true.

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**Date** **Signature**

Name and address of your Caisse, or the Caisse closest to you (to facilitate transmission only)
Transit number <input style="width: 150px; height: 20px;" type="text"/>

Return four copies of form 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)

**Deadline: April 15**  
Postmark constitutes proof of mailing



Pages 5 and 6 to be filled out only by Master's applicants (**Female Managers**)

**EVALUATION SHEET**

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

<b>Applicant's family name</b>		<b>Given name (commonly used)</b>	<b>Other given name(s)</b>
<b>Permanent Address</b>			<b>Phone</b>
<b>No</b>	<b>Street</b>	(     )	
<b>City</b>	<b>Province</b>	or	
	<b>Code</b>	(     )	
<b>E-mail</b>			

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

**Dorimène Bursaries  
April 15**

**TO BE FILLED OUT BY EVALUATOR**  
 Complete form and forward to applicant in a sealed envelope.  
 Fondation Desjardins  
 C.P. 7, Succursale Desjardins – Montréal, Québec – H5B 1B2  
 Tel. (514) 281-7171 – 1-800-443-8611 – Fax (514) 281-2391  
 E-mail: [Fondation.Desjardins@CCPEDQ.Desjardins.com](mailto:Fondation.Desjardins@CCPEDQ.Desjardins.com)

**Please note that applicant may consult this report upon request**

Name of applicant \_\_\_\_\_

	Exceptional 1st 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. Judgement					
F. Overall intellectual ability					
G. Project's chances of success					

*If you cannot evaluate a particular item, please write N/A*

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:

\_\_\_\_\_ Function \_\_\_\_\_

Institution \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

**It is the applicant's responsibility to include the sealed envelope with the duly-completed document with her application form.**