

FINANCIAL INSECURITY FORM PERSEVERANCE SCHOLARSHIP – AUTUMN 2024



Please complete this form directly with Adobe Acrobat Reader and sign it (electronic signature accepted).

IDENTIFICATION

Last Name	<input type="text"/>	First Name	<input type="text"/>
Student number	<input type="text"/>	Institutional email	<input type="text"/>
Program of study	<input type="text"/>	Date of admission (yyyy-mm-dd)	<input type="text"/>
Director- CRMR (if applicable)	<input type="text"/>	Date 1st registration (yyyy-mm-dd)	<input type="text"/>
Co-Director-CRMR (if applicable)	<input type="text"/>		

STUDENT

- I agree that my file may be shared with the members of the selection committee for the analysis of my application. By submitting this application, I agree that the selection committee may verify my government student financial assistance file, if necessary.
- I certify that the information in my file is accurate.

Student's signature	<input type="text"/>	Date	<input type="text"/>
---------------------	----------------------	------	----------------------

SUPERVISOR

- I certify that I have read the information in my student's application and that it is accurate.
- I agree with the timeline of work proposed and believe that my student will be able to follow it.

Supervisor's signature	<input type="text"/>	Date	<input type="text"/>
------------------------	----------------------	------	----------------------

FINANCIAL INSECURITY FORM

Which of these choices fits your current situation?

- I have applied for financial support (government loans and grants).
- I have reached the debt limit or the maximum number of months allowed under the government loans and grants.

- I did not apply for financial support (government loans and grants).
- I cannot apply for financial support (government loans and grants) because I am not a permanent resident or a Canadian citizen.

Were you registered as a full-time student the last two sessions?

- Yes
- No

If you answered no, please chose one of the following options :

- I was not enrolled full-time because I was working full-time.
- I was not enrolled full-time for medical reasons.
- Other, please explain:

What is the amount of employment income you anticipate for the autumn 2024?

- \$ employment income.
- \$ scholarships, other than government loans and grants.
- \$ in government loans and grants.
- \$ actual contribution of the parents expected.

Complete this section only if, for the autumn 2024 semester, you have a job (contract or paid employment) in addition to being a full-time student

Start date	<input type="text"/>	Employer	<input type="text"/>
End date	<input type="text"/>	Job title	<input type="text"/>
Briefly describe your tasks		Number of hours/week	<input type="text"/>

Start date	<input type="text"/>	Employer	<input type="text"/>
End date	<input type="text"/>	Job title	<input type="text"/>

Briefly describe your tasks

Number of hours/week

Please explain the main reasons for your financial difficulties, and how this scholarship would help you.