

FINANCIAL INSECURITY FORM PERSEVERANCE SCHOLARSHIP – SUMMER 2025

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

IDENTIFICA	ATION							
Last Name		First Name						
Student nun	mber Institution	nal email						
Program of	study	Date of admissi	on (yyyy-mm-dd)					
Director- CRMR (if applicable) Co-Director-CRMR (if applicable)								
STUDENT								
By su	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 s	signature	Date						
SUPERVISOR								
☐ I cert	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 Date								
	FINANCIAL INSECURITY FORM							
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	L INSECURITY FORM ese choices fits your current situation?							
Which of the		nd 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 tw	o sessions?			
] Yes					
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 summer 2025?						
\$ 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 summer 2025 semester, you have a job (contract or paid employment) in addition to being a full-time student						
Start	date		Employer			
End d	late		Job title			
Briefly describe your tasks Number of hours/week						
Start	date		Employer			
End d	late		Job title			

Briefly describe your tasks	Number of hours/week	
Please explain the main reasons for y	our financial difficulties, and how this schola	arship would help you.