

FINANCIAL INSECURITY FORM PERSEVERANCE SCHOLARSHIP – AUTUMN 2025



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 Date

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 Date

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 2025 semester?

\$ 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 2025 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"/> |

| | | | |
|------------|----------------------|-----------|----------------------|
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Briefly describe your tasks

Number of hours/week

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