

## FINANCIAL INSECURITY FORM PERSEVERANCE SCHOLARSHIP – WINTER 2026

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

IDENTIFICATION					
Last Name	First Name				
Student number Institutional email					
Program of study Date of admission (yyyy-mm-dd)					
Director- CRMR ( if applicable) Co-Director-CRMR (if applicable)					
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 signat	ture Date				
SUPERVISOR					
☐ I certify that	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 app	I have applied for financial support (government loans and grants).				
☐ I have rea	ched 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 winter 2026 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 winter 2026 semester, you have a job (contract or paid employment) in addition to being a full-time student  Start date  Employer  End date  Job title  Briefly describe your tasks  Number of hours/week						
Ziony deserved year taken.						
Start	ate Employer					
End d	ate 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.