

AÉCSP'S SOLIDARITY SCHOLARSHIPS



**Deadline: March 23, 2020 before 4:00 p.m.
Deposit in room C-419**

NOMINATION FORM
AÉCSP'S SOLIDARITY SCHOLARSHIPS

Document Checklist

Please check that your application document contains all of the following items:

(the lack of one or more of these documents will result in the cancellation of your application)

- A completed nomination form;
- A cover letter indicating the reasons and justification for your financial need (maximum 2 pages). Please indicate here if you are in a particular situation;
- Letter of registration from Polytechnique with the expected date of completion of your studies;
- A copy of your bank statements for the last four months;
- The Notice of Assessment for the 2018 tax return (only for students enrolled before December 31, 2018);
- If you do not live with your parents:** a copy of the lease showing your name and address and a copy of a bill (Phone / Hydro Quebec) showing your name and address or any other proof of rent expenses that you have;
- Copy of your application for government loans and grants if applicable;
- Copy of your proofs of marital status (marriage certificate) and/or immigration status (copy of permanent resident card, student visa) if applicable, copy of your child(ren)'s birth certificate, if applicable;
- Any other document that the student considers relevant to provide to us.

Selection Criteria:

- Financial situation**
- Letter of presentation**
- Action taken to improve your financial situation**
- Community involvement**

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The decision will be announced to the winners on Monday April 6, 2020.

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IDENTIFICATION

Last name: _____ First name: _____

ID number: _____ Email: _____

Number of credits accumulated: _____

Department: _____ Orientation: _____

Program (D.E.S.S., M.Ing., M.Sc.A., Ph.D.): _____ Full time Part-time

Start date of program: _____ Expected graduation date: _____

Permanent address: _____

City: _____ Postal code: _____ Phone number: _____

Address during the school year if different from the permanent address: _____

City: _____ Postal code: _____ Phone number: _____

Civil status: Single
Married /Common-law partner (provide marriage certificate) Spouse's income: _____
Divorced Separated Widowed
One or more children in your care How many? _____

Status: Canadian citizen Permanent resident Student visa
Other Specify: _____

Do you live at your parent`s home? Yes No

Do you live with roommates? Yes No

Are you financially dependent on your parents? Yes No

If you answered yes to the previous question, please complete the following part:

FAMILY STATUS (to be completed obligatorily by the student if you are financially dependent on your parents)

	Father	Mother
Name of employer:	_____	_____
Profession:	_____	_____
Gross annual revenues in CAD:	_____	_____

If you do not indicate the income of the parents, please give the reason: _____

FAMILY STATUS (to be completed obligatorily by the student if you are financially dependent on your parents)

Child(ren) at school who are financially dependent on your parents (write your name and those of the other children)

Last/First name	Age	Institution's name	Annual fees (tuition, rent, etc...)
_____	_____	_____	_____ CAD
_____	_____	_____	_____ CAD
_____	_____	_____	_____ CAD

STUDENT'S FINANCIAL RESOURCES

DATE OF ARRIVAL IN QUEBEC Day: _____Month: _____Year: _____

ACTUAL FINANCIAL RESOURCES FOR THE YEAR 2019

In the summer of 2019, were you in school? Yes No

If yes, number of credits: _____

During the year 2019, did you work?

Off-campus Yes No

On Campus Yes No

Company name	Work location (city)	Position	Hours/week	Gross income earned
_____	_____	_____	_____	_____ CAD
_____	_____	_____	_____	_____ CAD
_____	_____	_____	_____	_____ CAD

If you said no, explain why? _____

During 2019, did you do an internship? Yes No

If you answered yes, indicate the gross income you earned: _____ CAD

Company Name: _____

Work location (city): _____

If you said no, explain why? _____

Annual financial resources (2019) other than employment income:

- Parental financial support: _____ CAD
- Indemnities (CSST, CSAAQ, etc.): _____ CAD
- Pensions (QPP, CPP, etc.): _____ CAD
- Spouse alimony: _____ CAD
- Unemployment Insurance Benefit: _____ CAD
- Investment and estate income: _____ CAD
- Children's benefits: _____ CAD

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- Scholarships granted by financial assistance, associations, foundations, private firms or others for 2019:

Indicate origin:	1) _____	_____ CAD
	2) _____	_____ CAD
	3) _____	_____ CAD
- Others (please specify):	1) _____	_____ CAD
	2) _____	_____ CAD
	3) _____	_____ CAD

Net income : _____ CAD

STUDENT'S FINANCIAL RESOURCES

ESTIMATED FINANCIAL RESOURCES FOR 2020

Do you plan to work part-time in the year 2020?

Yes No

If yes, provide estimated gross revenues:

_____ CAD

Have you applied for financial assistance?

Yes No

If so, do you expect to receive a scholarship:

Yes No Awaiting response

If yes, what is the expected amount:

_____ CAD

Have you applied for "Loans and Bursaries" (AFE)?

Yes No

If so, do you expect to receive a loan:

Yes No

If yes, what is the expected amount:

_____ CAD

If so, do you expect to receive a scholarship:

Yes No

If yes, what is the expected amount:

_____ CAD

Have you applied for a financial grant?

Yes No

If yes, do you expect to receive a grant:

Yes No

If yes, what is the expected amount:

_____ CAD

Total estimated revenues: _____ CAD

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STUDENT'S EXPENSES:

(Use monthly amounts)

Housing (electricity, telephone, etc.): _____ CAD
Food: _____ CAD
Transportation: _____ CAD
Activities: _____ CAD
Clothing: _____ CAD
Do you have a loan to pay off? Yes No
If so, what is the due date? _____
The amount of the monthly payments: _____ CAD

Others (please specify): 1) _____ CAD
2) _____ CAD
3) _____ CAD

(Use annual amount)

Tuition fees: _____ CAD
School supplies: _____ CAD

Total expenses: _____ CAD

Do you own a motor vehicle/motorcycle? Yes No
If so, what's the reason? _____

Brand: _____ Year: _____ Purchase price: _____ CAD Balance due: _____ CAD

I declare that the information given on this form is true, and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same impact and effect as if made under oath. A false statement may result in the withdrawal of the application or award. I authorize the persons responsible for evaluating my scholarship application to consult my file and to provide information of a personal and academic nature to the committee responsible for awarding the scholarship.

Date : _____ Signature : _____