AÉCSP Solidarity Scholarships

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Application form

**Deadline: March 26th, 2023 before 4:00 PM**

**Email:** **bourses-solidarite@aecsp.qc.ca**

# Document checklist

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

*(the lack of one or more of these documents may 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 mention any particular situation you may experience
* [ ]  Letter of registration from Polytechnique with your expected graduation date
* [ ]  A copy of your bank statements for the last four months (Include your credit card bills and the bank statements and credit card bills of your spouse or common-law partner if applicable)
* [ ]  The Notice of Assessment for the 2021 tax return at federal and provincial level *(only for students enrolled before December 31st, 2021)*
* [ ]  **If you do not live with your parents**: a copy of the lease showing your name and address with the rent amount and a copy of a bill (Internet, Hydro-Québec) showing your name and address or any other proof of rent expanses that you may 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, study permit).
* [ ]  Copy of your child·children birth certificate·s, if applicable.
* [ ]  Any other document that you may consider relevant

# Selection Criteria

* Financial situation
* Cover letter
* Action taken to improve your financial situation
* Community involvement

# Identification

Last name:                                                   First name:

Student ID:                                              Email:

Number of earned credits:

Department:                                         Orientation or study focus:

Program: [ ]  DESS [ ]  M Ing [ ]  M Sc A [ ]  PhD – studying [ ]  full time [ ]  part time

Program start date:                              Expected graduation:

Permanent address:

City:                                 Postal code:                     Phone:

## Civil status

[ ]  Single

[ ]  Married / Common-law partner *(provide marriage certificate)*

Spouse's income:                           $CAD

[ ]  Divorced [ ]  Separated [ ]  Widowed

Are you caring for children? How many:

## Immigration status

[ ]  Canadian citizen [ ]  Permanent resident [ ]  Study permit

[ ]  Other (Please specify:                                                                 ).

Are you living with your parents? [ ]  Yes [ ]  No

Are you living with roommates? [ ]  Yes [ ]  No

Are you financially dependent on your parents? [ ]  Yes [ ]  No

If you answered Yes to the above question, please complete the following section « **Family status (mandatory for students financially dependent on their parents)** ».

# Family status (mandatory for students financially dependent on their parents)

|  |  |  |
| --- | --- | --- |
|  | **Père** | **Mère** |

Employer name:

Occupation:

Gross annual revenue:                              $CAD                               $CAD

If you do not indicate the income of your parents, please explain:

Children at school who are financially dependent on your parents (write your name and the names of the other children):

|  |  |  |  |
| --- | --- | --- | --- |
| **Last/First name** | **Age** | **Institution name** | **Yearly fees (tuition, rent, etc,)** |

                                                                                                                $CAD

                                                                                                                $CAD

                                                                                                                $CAD

                                                                                                                $CAD

                                                                                                                $CAD

# Student financial resources

Date of arrival in Québec: J :       M :       A :

## Actual financial resources for the year 2021-2022:

**In the summer of 2022, were you at school?** [ ]  Yes [ ]  No

If so, number of credits:       (if needed check your transcript, put in 12 for research).

**During the year 2021-2022, did you wok?**

Off-campus [ ]  Yes [ ]  No On campus [ ]  Yes [ ]  No

Company name:

Work location (city):

Position:

Weekly hours:       Gross income earned:                 $CAD

If you didn't work, please explain the reason:

**During the year 2021-2022, 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 didn't do an internship, please explain:

**Yearly financial resources other than employment income:**

Financial support from your parents:                           $CAD

Indemnities (CSST, CSAAQ, etc.):                           $CAD

Pensions (QPP, CPP, etc.):                           $CAD

Spouse alimony:                           $CAD Unemployment Insurance Benefit:                           $CAD

Investment and estate income:                           $CAD

Childcare benefits:                           $CAD

French classes benefits:                           $CAD

Scholarships granted by financial assistance, associations, foundations, private firms or others for 2021 *(indicate origin of funds)* :

|  |  |  |
| --- | --- | --- |
|  | **Organization** | **Amount** |

1. $CAD
2. $CAD
3. $CAD

 **Total net income:**  **$CAD**

## Estimated student financial resources for 2022-2023:

Are you planning to work part-time in the year 2022-2023? [ ]  Yes [ ]  No

If so, provide estimated gross revenue:                           $CAD

Did you apply for financial assistance? [ ]  Yes [ ]  No

If so, do you expect to receive a scholarship: [ ]  Yes [ ]  No [ ]  Awaiting response

If yes, what is the planned amount?                           $CAD

Did you apply for « Loans and Bursaries » (AFE)? [ ]  Yes [ ]  No

If so, do you expect to receive a loan? [ ]  Yes [ ]  No

If yes, what is the planned amount?                           $CAD

If so, do you expect to receive a scholarship? [ ]  Yes [ ]  No

If yes, what is the planned amount?                           $CAD

Did you apply for a financial grant? [ ]  Yes [ ]  No

If so, do you expect to receive a grant? [ ]  Yes [ ]  No

If yes, what is the planned amount?                           $CAD

 **Total estimated revenue :**  **$CAD**

# Student expenses

***(Monthly amounts)***

Housing (electricty, phone, etc.):                           $CAD

Food:                           $CAD

Transportation:                           $CAD

Activities:                           $CAD

Clothing:                           $CAD

Are you currently paying for a loan? [ ]  Yes [ ]  No

If so, what are:

* the due date?
* the monthly fee?                           $CAD

Other (please specify) :

|  |  |  |
| --- | --- | --- |
|  | **Expense** | **Amount** |

1. $CAD
2. $CAD
3. $CAD

***(Yearly amounts)***

Tuition fees:                           $CAD

School supplies:                           $CAD

 **Total yearly 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 herein 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 awarded grant. I authorize the persons responsible for evaluating my scholarship application to consult my file and I agree to provide information of personal and academic nature to the committee responsible for awarding the scholarships. I consent to AÉCSP keeping my file on record for storage and anonymization tool improvement for a maximum duration of two (2) years. More information https://aecsp.qc.ca/bourses\_solidarite?lang=en

Date :                     Signature :

## Declaration of consent