

## BACHELOR'S DEGREE BURSARIES

### IDENTITY

1. Family name First name Second name

--	--	--

2. Permanent address Phone(s)

No	Street	Home ( )
City	Province	Cellular ( )
	Postal code	

3. Address during studies Phone(s)

No	Street	Home ( )
City	Province	Cellular ( )
	Postal code	

4. E-MAIL 5. Date of birth 6. Sexe 7. Citizenship

		F	M	
--	--	---	---	--

8. Permanent code

--

### TRAINING

9. City and region where you have pursued your secondary education \_\_\_\_\_

10. Previous studies *(add a page if necessary)*

10.1 CEGEP and/or University	Discipline	Diploma	Year
Other(s)			

11. Planned or current studies

11.1 University or faculty or school \_\_\_\_\_

11.2 Department \_\_\_\_\_

11.3 Syllabus studies \_\_\_\_\_

11.4 Sphere of interest \_\_\_\_\_

11.5 Number of credits of your program \_\_\_\_\_ Credits obtained up to date \_\_\_\_\_

## 12. Financial situation of the candidate and family situation

- 12.1 Do you live at more than 300 km from the University : YES  NO
- 12.2 Do you have dependant children : YES  NO  If yes, how many ? \_\_\_\_\_
- 12.3 If you live with your parents or with one of your parents, do you have more than 3 brothers and sisters : YES  NO
- 12.4 Which amount of student's loan have you received up to date : \_\_\_\_\_
- 12.5 Do you benefit by government bursaries or scholarship ?

Sources/Names	Year received	Amount

**EXTRA CURRICULA ACTIVITIES**

13. Social or academic extra curricula activities of the two last years.  
(If specific reasons did not permit extra curricula activities, give details by adding a page)

## 13.1 Working experience

Job	During school year Number of hours per week	During summer Number hours per week

- 13.2 Any activities related with your futur professional career  
(including any internship not remunerated)

Activities	Period

## 13.3 Extra curricula activities in the school environment (last two years only)

Activities	Responsabilities	Period	Number of hours per week	Remuneration
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

Return in 2 copies between August 31 and October 17 2006 (limit date).

13.4 Social or community extra curricula activities *(last two years only)*

Activities	Responsibilities	Period	Number of hours per week	Remuneration
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

13.5 Cultural or sport activities *(last two years only)*

Activities	Responsibilities	Period	Number of hours per week	Remuneration
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

14. Briefly describe your financial problem and your need of help.

- |                 |                          |                                  |                          |
|-----------------|--------------------------|----------------------------------|--------------------------|
| Family problems | <input type="checkbox"/> | Non admissible to financial help | <input type="checkbox"/> |
| Health problems | <input type="checkbox"/> | Self refusal                     | <input type="checkbox"/> |
| Back to studies | <input type="checkbox"/> | Handicap                         | <input type="checkbox"/> |
| Other(s)        |                          |                                  |                          |

Describe the problem of needed and give your interventions to remedy.

---



---



---



---



---

I attest that the informations given are accurate and I authorize QIBC (Quebec-India Business Council) to gather all the necessary informations to study my file, including all registered informations concerning me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature