# Complément de bourse pour étudiantes et étudiants du 1er cycle

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| **1. Candidate / Candidat** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nom | |  | | | | | | | | | | | | Prénom | |  | | | | | | | | | | | | |
| **Adresse de résidence** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| No civique | | | | |  | | | | | | Rue | |  | | | | | | Apartement no. | | | | | |  | | | |
| Ville |  | | | | | | | | | | | | | | | | | | Code postal | | | | |  | | | | |
| Tel. | ( ) | | | | | | | | | | | | Courrier élect. | | |  | | | | | | | | | | | | |
| **Statut au Canada:** | | | | | | | | |  | | | | | | | | **Depuis** | | |  | | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | |
| **2. Profil académique** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de début  du programme actuel | | | | | | | | | | **/** | | | | | | | **Moyenne cumulative** | | | | | | | | |  | | |
| mois / année | | | | | | | du bulletin le plus récent | | | | | | | | |  | | |
| Affiliation | | | | | | |  | | | | | | | | | | No. matricule | | | | |  | | | | | | |
| **Avez-vous par le passé obtenu une aide fiancière du ReSMiQ?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Oui | | | | |  | | | | | | | | | | | | |  | | Non | | | | | |
| Si vous avez répondu oui | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Montant $ | | | |  | | | | | | | | Date d’obtention | | | | |  | | | | | |  | | | | |  |
|  | | | |  | | | | | | | |  | | | | | mois / année | | | | | |  | | | | |  |
| **3. Projet de recherche** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Titre: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directeur: | | | | | |  | | | | | | | | | Affiliation: | | |  | | | | | | | | | | |
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| Tout dossier **DOIT ÊTRE ASSEMBLÉ ADÉQUATEMENT ET SOUMIS EN FORMAT PDF (UN SEUL FICHIER).** Assurez-vous de soumettre tous les documents requis.  Les demandes doivent être soumises sous format électronique PDF via la page de [dépôt de fichier en ligne](http://resmiq.org/?page=submissionform.php) du site web du ReSMiQ. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **4. Déclaration de l'étudiante ou de l'étudiant et du superviseur**  L'étudiante ou l'étudiant identifié à la section 1) s'engage à consacrer un nombre d'heure minimum aux travaux de recherche qui lui seront assignés et tel qu'entendu préalablement avec son ou ses superviseurs ainsi qu'à travailler sur le sujet tel que présenté dans cette demande.  Le superviseur identifié à la section 3) s'engage à verser un montant minimum de 1000 $ en complément des fonds versés par le ReSMiQ. |
| Veuillez indiquer le nombre d'heures par semaine ainsi que le nombre total de semaines que l'étudiante ou l'étudiant doit consacrer aux travaux pour lesquels il ou elle est rémunéré, ainsi que le montant qui sera versé par le ou les superviseurs.  Nombre d'heures par semaine: \_\_\_\_\_\_\_\_\_\_  Nombre de semaines total:\_\_\_\_\_\_\_\_  Montant versé par le(s) superviseur(s): \_\_\_\_\_\_\_\_\_\_  Veuillez indiquer toute autre forme d'arrangement intervenu entre les parties en lien avec la rémunération de l'étudiant:  Signature de l'étudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature du superviseur: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

# ReSMiQ scholarship supplement for undergraduate students

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| **1. Applicant** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last name | | | | | |  | | | | | | | First name | | |  | | | | | | | | | | | |
| **Home address** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Civic nb. | | | |  | | | | | Street | | |  | | | | | | | Apartment nb. | | | | | |  | | |
| City |  | | | | | | | | | | | | | | | | | | Postal code | | | |  | | | | |
| Tel. | ( ) | | | | | | | | | | | Email | |  | | | | | | | | | | | | | |
| **Status in Canada:** | | | | | | | | |  | | | | | | | | **Since** | | |  | | | | | | | |
|  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | |
| **2. Academic profile** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Starting date of  current program | | | | | | | | | | **/** | | | | | | | **Cumulative GPA** | | | | | | |  | | | |
| month / year | | | | | | | most recent transcript | | | | | | |  | | | |
| Affiliation | | | | | | |  | | | | | | | | | | Student ID number | | | | | | |  | | | |
| **Have you in the past received a financial support or scholarship from ReSMiQ?** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | Yes | | | | |  | | | | | | | | | | | | |  | No | | | | | |
| If you answered yes | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount $ | | | | |  | | | | | | Date awarded | | | | | |  | | | | |  | | | | |  |
|  | | | | |  | | | | | |  | | | | | | month / year | | | | |  | | | | |  |
| **3. Research project** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supervisor | | | | | | | |  | | | | | | | Affiliation | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Each application **MUST BE APPROPRIATELY ASSEMBLED AND SUBMITTED IN PDF FORMAT (ONE FILE ONLY).** Make sure that you submit all required documents.  Submit your application in PDF format via the online submission page of the ReSMiQ website. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **4. Declaration of student and supervisor**  The student identified in section 1) undertakes to devote a minimum numbers of hours to the research work assigned to him as agreed with his supervisor(s) and to work on the subject presented in this application.  The supervisor identified in section 3) undertakes to pay a minimum amount of $1,000 in addition to the amount paid by ReSMiQ. |
| Please indicate the number of hours per week as well as the total number of weeks that the student must devote to the work for which he or she is paid, as well as the amount that will be paid by the supervisor(s).  Number of hours per week: \_\_\_\_\_\_\_\_\_\_  Total number of weeks: \_\_\_\_\_\_\_\_  Amount paid by supervisor(s): \_\_\_\_\_\_\_\_\_\_  Please indicate any form of arrangement between the parties in relation to the student's remuneration:  Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |