

APPLICATION FORM

Student

☐ Mr. ☐ Mrs. ☐ Ms.

Name, Surname: _____

Address: _____

Town/City: _____

Postal code: _____

Telephone: _____

E-mail address: _____

Adult Education Centre

Name: _____

School Board: _____

Address: _____

Town/City: _____

Postal code: _____

Distance Education Coordinator

☐ Mr. ☐ Mrs. ☐ Ms.

Name, Surname: _____

Position: _____

Telephone: _____

E-mail address: _____

Diploma earned: _____

Diploma: ☐ SSD ☐ DVS ☐ AVS

Title of DVS or AVS program: _____

Date of completion: _____

Distance courses completed: _____

Please indicate only the distance education courses that counted toward your diploma or that are prerequisites for post-secondary programs of study.

Code	Title	Number of credits	Date of the exam	Course that counted for diploma (check)	Course passed after diploma (check)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

The student's involvement in activities at the adult education centre or in community life in general:

Distance education coordinator's comments supporting this application:

Candidate's declaration

I declare all the information provided in this application to be true and that the accompanying supporting documents are valid.

I understand that the submitted documents will become the property of SOFAD and that SOFAD may reveal my identity by any means it chooses if I am awarded a scholarship.

Signature: _____

Declaration by the distance education coordinator

I declare all the information regarding the candidate's academic record in this application to be true and that the accompanying supporting documents are valid.

Signature: _____

VII. SUPPORTING DOCUMENTS

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The following documents must be included with the application submitted to SOFAD:

- the application form (Section VI of this document), completed and signed by the student and by the distance education coordinator.
- a certified copy of the student's diploma.
- a certified copy of the student's MEQ achievement record (general education) or MEQ transcript (vocational training).
- the student's statement of appreciation (written document, audio recording or video presentation).

The application must be submitted by e-mail:

SOFAD Scholarships Committee

bourses-sofad@sofad.qc.ca

At the latest April 18th, 2023.

For further information, please contact

Ms Michèle Gagné, Administrative Assistant:

514 529-2180

gagnem@sofad.qc.ca