Regroupement pour un lait de qualité optimale

Parental Support Scholarship

MSc, PhD students

APPLICATION FORM

(to be completed with the help of your supervisor)

GENERAL INFORMATION	
FAMILY NAME	NAME(S)
TELPHONE NUMBER	E-MAIL
CITIZENSHIP ◯ CANADIAN ◯ PERMANENT RESIDENT ◯ OTHER (SPECIFY)	
SUPERVISOR'S NAME	
RESEARCH SUPERVISOR'S INSTITUTION AND E-MAIL ADDRESS	
CO-SUPERVISOR(S)'S NAME, IF APPLICABLE	
SUPERVISOR(S)'S INSTITUTION AND E-MAIL ADDRESS, IF APPLICABLE	
ACADEMIC	
LEVEL OF EDUCATION ◯ M.Sc ◯ Ph.D.	STUDY PROGRAM
	NUMBER OF COMPLETED TRIMESTERS
	START DATE / SCHEDULED END DATE

TITLE AND BRIEF DESCRIPTION OF THE RESEARCH PROJECT, SPECIFYING HOW IT FITS INTO THE RESEARCH PRIORITIES OF THE GROUP (Max. ½ page - 2300 CHARACTERS TIMES 12 PTS)

DESCRIBE YOUR FINANCIAL AND FAMILY SITUATION. EXPLAIN WHY OBTAINING THIS SCHOLARSHIP IS IMPORTANT TO YOU. (Max. ½ page - 2300 CHARACTERS TIMES 12 PTS)

SIGNATURE OF STUDENT	DATE
SIGNATURE OF RESEARCH SUPERVISOR	DATE

Send your completed application, along with a medical certificate confirming the date of birth or adoption, proof of dependent children, or any other documents supporting your application, to Josée Labrie :josee.labrie@umontreal.ca

caFor further information, please contact Josée Labrie à josee.labrie@umontreal.ca or 450.773.8521, ext. 8619.

FINANCIAL SUPPORT AVAILABLE AT ALL TIMES, SUBJECT TO FUNDING AVAILABILITY