



96, Avenue Empress, Ottawa, Ont. K1R 7G3 – Canada
Telephone: 613-233-5696 Fax: 613-233-6064

**Study Grants for Foreign Students
(not Canadian citizens of Landed immigrants)
for Supplemental Tuition**

Grant Application

A. STUDENT IDENTIFICATION

Last Name : _____ First Name : _____

Sexe : M F

B. PERMANENT ADDRESS

_____ street city province

_____ postal/zip code country

Telephone : _____ Fax : _____

E-mail : _____

C. OTHER INFORMATION

Social Status : Married Single Priest Diocese _____

Religious Community : Name : _____

Citizenship : _____ Country : _____

Are you presently eligible to obtain :

- Canadian citizenship : yes no
- Landed Immigrant Status : yes no

RESERVED FOR ADMINISTRATION

REGISTRATION NUMBER:

DATE OF RECEPTION:

DATE OF TREATMENT OF THE APPLICATION:

D. ACADEMIC STATUS

Program chosen:

Philosophy : C.I.Ph. c B.A.Ph. c B.A.sp.Ph. c B.Ph. c M.A. c Ph.D. c

Theology : C.I.Th. c B.Th. c M.A. c Master's c Ph.D. c

The application must be accompanied by a letter of recommendation stating your capacities to undertake graduate studies.

Name of reference : _____ Position : _____

Address : _____

_____ Tel. : _____

E. ACADEMIC STATUS

(For students already registered in one of the programs at the Dominican college)

Program of study : _____

Present year of study in program : 1 c 2 c 3 c 4 c

F. SPECIAL GRANT APPLICATION FOR FOREIGN STUDENTS

*** 4 000\$ BURSARY FOR SUPPLEMENTARY FEES FOR FOREIGN STUDENTS ONLY***

Academic year covered by application : _____ - _____

Financial Responsibility

Who is responsible to cover the cost of your studies ?

Community or Organization c Myself c

Amount of supplemental fees that you are able to pay : \$ _____

N.B. The supplementary academic fee for foreign students is listed in the College's Prospectus.

Amount of Grant that you wish to obtain : \$ _____ (maximum 4 000\$)

Do you have any fixed revenues ? Amount : \$ _____

Other study grants ? Amount : \$ _____ Origin : _____

Financial responsibility

In addition to your tuition fees what other major costs do you incur (e. g. rent, family care, transport)

This application must be accompanied by a letter stating your financial needs from

- * a person who knows your situation, if you are paying your student fees yourself.
- * a person representing the community or organization paying for your studies.

Name : _____

Address : _____

_____ **Tel. :** _____

Date : _____ **E-mail :** _____

SIGNATURE : _____

DATE : _____



96, Avenue Empress, Ottawa, Ont. K1R 7G3 – Canada
Téléphone: 613-233-5696 Fax: 613-233-6064

RECOMMENDATION LETTER FINANCIAL NEEDS

A. TO BE FILLED BY THE CANDIDATE

Last Name : _____ First Name : _____

Program of study requested : _____

Academic year covered by grant : _____ - _____

B. TO BE FILLED BY THE GUARANTOR

1. I know the candidate :

Very well Well A little For _____ years
As : Professor (one course) (many courses) other

2. The candidate has given me a copy of the application : yes no

3. I certify that the information given in the application form is accurate : yes no

4. Other comments, if needed, related to the candidate's financial situation:

Last Name : _____ First Name : _____

Position : _____ Institution : _____

Address : _____

Tel. : _____ E-mail: _____

Signature : _____ Date : _____



96, Avenue Empress, Ottawa, Ont. K1R 7G3 – Canada
 Téléphone: 613-233-5696 Fax: 613-233-6064

RECOMMENDATION LETTER ACADEMIC ABILITIES

A. TO BE FILLED BY THE CANDIDATE

Name : _____ First Name : _____

Program of study requested: _____

Academic year covered by grant : _____ - _____

B. TO BE FILLED BY THE GUARANTOR

1. I know the candidate :

Very well Well A little For _____ years
 As : Professor (one course) (many courses) other

2. The candidate has given me a copy of the application : yes no

3. How do you rate the candidate in each of the following respects :

	Well Above	Above Average	Average	Below Average	Cannot judge
a) Quality of past studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Abilities for Graduate Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Acquired Knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Overall Competency and performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Other comments, (if needed)

Last Name : _____ First Name : _____

Position : _____ Institution : _____

Address : _____

Tel. : _____ E-mail : _____

Signature : _____ Date : _____