

FONDATION COLLÈGE DE MONTRÉAL

***Request for the year
2008-2009***
(Confidential information)



COLLÈGE DE MONTRÉAL

**IT IS IMPORTANT TO FILL OUT EVERY SECTION OF THE PRESENT FORM.
ANY INCOMPLETE DOCUMENT WILL BE SENT BACK TO YOU.**

PART 1 : STUDENT

Will be in Secondary : 1 2 3 4 5

Family name : _____

First name: _____

Address : _____

City : _____

Postal code : _____

Telephone : (____) _____

The student lives (✓)

• with his father and mother

• shared custody

• with his father only

• with his mother only

• with his mother and a surrogate

• with his father and a surrogate

• with another person responsible

• other (specify) _____

PART 2 : FAMILY STATUS OF THE DEPENDENT CHILD

FATHER OR SURROGATE

Name : _____

Address : _____

Postal code : _____

Telephone at home : (_____) _____

Telephone at work : (_____) _____

MARRIED WIDOWER
 SEPARATED DIVORCED
 REMARRIED DECEASED
 OTHER (SPECIFY) _____

Date of birth : _____

Occupation : _____

Number of months the person has worked over the last two years : _____

Present employer : _____

MOTHER OR SURROGATE

Name : _____

Address : _____

Postal code : _____

Telephone at home : (_____) _____

Telephone at work : (_____) _____

MARRIED WIDOW
 SEPARATED DIVORCED
 REMARRIED DECEASED
 OTHER (SPECIFY) _____

Date of birth : _____

Occupation : _____

Number of months the person has worked over the last two years : _____

Present employer : _____

Other children :

Family name and first name

Age

School attended and grade

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other dependents living with the family :

 (Family name and first name)

 (Family name and first name)

PART 3: OTHER SCHOLARSHIP

Have you requested a scholarship from other sources, or have you received or will you receive a scholarship from sources other than from the Fondation Collège de Montréal ? :

Yes No

Organization

Year

Amount
