



This form is for use by students applying for an *Intern Perseverance and Success Scholarship for Various Programs in Education, Health and Social Services* and who are enrolled in the final compulsory internship in any of the targeted training programs offered at an educational institution that is located in Québec and recognized by the Ministère de l'Enseignement supérieur. These programs are listed in Section 2.

An online version of this form is available in our website ([quebec.ca/student-financial-assistance](http://quebec.ca/student-financial-assistance)).

**Section 1 – Student Information**

**Identity**

Last name Permanent code assigned by the Ministère

First name Date of birth Social Insurance Number

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Gender  Male  Female Language of correspondence  French  English

**Mailing address**

Number Street Direction  
(North, South, East, West)

Apartment Municipality

Municipality (cont.) Province Postal code Telephone number (home) Extension

Aera code

Country Other telephone number Extension

Aera code

E-mail address (if you provide your e-mail address, you will receive your correspondence by e-mail.)

**If you wish to have payments deposited electronically into your bank account, fill in the following fields and attach a void specimen cheque.**

I wish to apply for direct deposit:  Yes  No

Financial institution identification number Account number Please make sure that the account number provided is the same as the one printed at the bottom of your cheque.

Please include a specimen cheque on the front of which you have written your name, Permanent Code and the word "NULL" or "VOID" (Do not use staples or paper clips).

**Section 2 – Academic Information**

Name of educational institution Code assigned by the Ministère

Educational institution names and codes can be found in the Directory, which is available on our website at: <https://www.quebec.ca/en/education/student-financial-assistance/intern-success-scholarship/forms-scholarships-interns>.

**First and last names of the person in charge of the internship at the educational institution**

Last name

First name Telephone number Extension

Aera code



