

You must use this form if you wish to be considered as a person in full-time studies under the Québec Perspective Scholarship Program. **Complete only the part(s) that apply to your situation.**

This part must be completed by the person who was **at least 20 weeks pregnant** during their study term.

Section 1 – Student Information

Last name Permanent code assigned by the Ministère

First name Date of birth

Y M D

Study term covered by the application Fall 2025 Winter 2026 Summer 2026

Section 2 – Attestation of Pregnancy

Have the following fields completed by the person who is monitoring your pregnancy (physician, specialized nurse practitioner or member of the Ordre des sages-femmes du Québec).

Physician
 Specialized nurse practitioner
 Member of the Ordre des sages-femmes du Québec

Last name : _____ First name : _____

Telephone number

Permit number : _____

Office address : _____

Date of 20th week of pregnancy : _____ Expected delivery date : _____

Y M D Y M D

This declaration cannot be signed before the date of the 20th week of pregnancy.

Signature of the physician, specialized nurse practitioner or member of the Ordre des sages-femmes du Québec

X _____ Date _____

Y M D

Signature of the student

X _____ Date _____

Y M D

Section 3 – Protection of personal information

By completing this form, you consent to Aide financière aux études collecting your personal information to process your application. Without this information, your application cannot be analyzed and you will not be able to obtain the financial assistance to which you are entitled. You can change your personal information directly in your file or by contacting us.

**Attestation of Situation of the Person Deemed to be in Full-Time Studies
– Québec Perspective Scholarship Program
Part 2 – Family Situation**

This part must be completed by the person who lived with at least one child (theirs or their spouse's), during their study term. Please also provide a copy of the birth certificate of the child or children.

Section 1 – Student Information

Last name Permanent code assigned by the Ministère

First name Date of birth

Y M D

Study term covered by the application Fall 2025 Winter 2026 Summer 2026

Section 2 – Family Situation

Were you living with a spouse? Yes No

Information on the dependent child or children

1. Last and first names of the child : _____ Date of birth

Y M D

Please state the number of days per month when you have custody.

September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026	July 2026	August 2026
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Does the child have a disability or a mental disorder? (If you answered YES, please provide a Family Allowance statement attesting that you receive a supplement for a child with a disability.) Yes No

Last and first name of the biological or adoptive parent _____ **Signature X**

Last and first name of the other biological or adoptive parent _____ **Signature X**

2. Last and first names of the child : _____ Date of birth

Y M D

Please state the number of days per month when you have custody.

September 2025	October 2025	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026	May 2026	June 2026	July 2026	August 2026
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Does the child have a disability or a mental disorder? (If you answered YES, please provide a Family Allowance statement attesting that you receive a supplement for a child with a disability.) Yes No

Last and first name of the biological or adoptive parent _____ **Signature X**

Last and first name of the other biological or adoptive parent _____ **Signature X**

Section 2 – Family Situation (cont.)

Information on the dependent child or children (cont.)

3. Last and first names of the child :

Date of birth

Y M D

Please state the number of days per month when you have custody.

September 2025 October 2025 November 2025 December 2025 January 2026 February 2026 March 2026 April 2026 May 2026 June 2026 July 2026 August 2026

Does the child have a disability or a mental disorder? (If you answered YES, please provide a Family Allowance statement attesting that you receive a supplement for a child with a disability.)

Yes No

Last and first name of the biological or adoptive parent

Signature X

Last and first name of the other biological or adoptive parent

Signature X

If needed, use a separate information sheet for a 4th child.

Student's Declaration and Signatures

Signature X

Signature of the student

Date

Y M D

Place

Last and first names of the Commissioner for Oaths (Please print)

Signature X

Signature of the Commissioner for Oaths

Date

Y M D

Place

Number

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This part must be completed by the **person who had an episodic disorder** during their study term, resulting from a disability other than a major functional disability.

Section 1 – Student Information

Last name Permanent code assigned by the Ministère

First name Date of birth

Study term covered by the application Fall 2025 Winter 2026 Summer 2026

Section 2 – Recognition of a Disability

This section must be completed by the physician.

Diagnosis

What is the diagnosis?

The disability is: Permanent Temporary

Identification of the physician

Last name Medical licence number

First name Telephone Fax

Profession:

Office address:

Signature of the physician who completed Section 2 of the form

I hereby declare that the information provided in this form is accurate and complete and that the person's status is as I witnessed it to be during the clinical examination.

Signature X _____ Date

**Attestation of Situation of the Person Deemed to be in Full-Time Studies
 – Québec Perspective Scholarship Program
 Part 4 – Participation in a Social Assistance and Support Program**

This part must be completed by the person who participated in the Social Assistance and Support Program or benefited from the Basic Income Program during their study term.

Section 1 – Student Information

Last name Permanent code assigned by the Ministère

First name Date of birth

Study term covered by the application Fall 2025 Winter 2026 Summer 2026

Section 2 – Participation in a Social Assistance and Support Program

Have the following fields completed by an employment assistance officer from Services Québec.

I certify that the person participated, during the study term indicated above, in a social assistance and support measure or program offered under the *Individual and Family Assistance Act*. Yes No

Signature of the employment assistance officer Date

X _____ _____

Student's signature Date

X _____ _____

Section 3 – Protection of personal information

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**Attestation of Situation of the Person Deemed to be in Full-Time Studies
– Québec Perspective Scholarship Program
Part 5 – Attestation of academic accommodations related to attendance**

This part must be completed by the person who was in part-time studies, who had a disability and who benefited from academic accommodations related to attendance during their study term.

Section 1 – Student Information

Last name Permanent code assigned by the Ministère

First name Date of birth

Study term covered by the application Fall 2025 Winter 2026 Summer 2026

Section 2 – Attestation of academic accommodations related to attendance

Have the following fields completed by a person in charge of integrating students with disabilities at your educational institution.

I certify that the person benefited from academic accommodations related to attendance due to a disability during the study term indicated above Yes No

Signature of an authorized person at the educational institution Date

X _____ _____

Student's signature Date

X _____ _____

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