

You must use this form to report one or more changes in your situation under the Québec Perspective Scholarship program. Fill in only the section(s) affected by the change.

Please note that you can fill out this form online in your Student Financial Assistance File (quebec.ca/en/education/student-financial-assistance).

Section 1 – Information about the student

Last name Permanent code assigned by the Ministère

First name Date of birth

Y M D

Study term covered by the change Fall 2024 Winter 2025 Summer 2025

Section 2 – Changes to your banking information

To modify your banking information, fill in the following fields and attach a void cheque.

I wish to apply for direct deposit: Yes No

Financial institution identification number Account number

_____ - _____

The entered account number must be identical to the one found 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 3 – Changes to your student status

To modify your student status, fill in the following fields.

My application for a scholarship was denied, but a change in my situation (e.g. revised marks, changes in school attendance) now renders me eligible for the program. Yes No

Name of educational institution Code assigned by the Ministère

Program name¹ Program code¹

¹ Please refer to the [List of Eligible Programs](#).

Section 4 – Part-time studies deemed full-time

If you were studying part-time and wish to be recognized as a full-time student, fill in the following fields.

Were you in part-time studies **AND** in one or more of the following situations during the study term for wish to make a declaration? Oui Non

If you answered YES, write down the letter corresponding to a situation that applies to you: _____

A) You were at least 20 weeks pregnant.
 B) You were a single parent and lived with your child who was under the age of 12.
 C) Vous habitez avec au moins un enfant de moins de 6 ans (le vôtre ou celui de votre conjoint ou conjointe).
 D) You were living with at least one child (yours or your spouse's) who has a major functional disability or a mental health disorder.
 E) You had a disability and were benefiting from academic accommodations related to attendance or you were unable to pursue full-time studies for more than one month because of a severe disorder that occurs irregularly and is the result of a major and permanent physical or mental health problem as documented in a medical certificate.
 F) You were participating in the Social Assistance and Support Program or you benefited from the Basic Income Program.

Section 5 – Student's signature

Signature X Date

Y M D
