

FINANCIAL AID FOR STUDIES OUTSIDE OF THE COMMUNITY APPLICATION FORM (FASOC)

Description

This form must be completed for all requests for financial aid by students and learners wishing to pursue their training outside of their community, the Lower North Shore or Anticosti Island in order to obtain a first qualification (SSD, DVS, TCST, PWTC, TCSIA) or an internship that is not available in their community.

A – Identification of the Applicant

Applicant:

First Name

Last Name

Date of Birth:

DD

MM

YYYY

Permanent Code:

Address:

No, Street, P.O. Box, Village, Province, Postal Code

Phone:

Home

Cell

Email:

Name of the Parent:

(If under 18 years old)

B – Academic History

Last School Attended:

Name of School

Village/City

School Service Centre/School Board

Year Attended:

YYYY

Last Grade Completed:

C – Training/Internship

Title of Training Program:

Full Title

Duration of Program or Internship Outside of the Community:

Start Date

End Date

School/Centre or Internship Location:

Name of School/Training Centre/Internship Location

School Service Centre/School Board

Complete Address:

No, Street, P.O. Box, Village/City, Province, Postal Code

D – Motivation

Please indicate the reasons why you have chosen to pursue your studies outside of your community and towards a first qualification.

E – Declaration of the Applicant

I attest that:

This is my first qualification.

I am not receiving any other financial aid from a government program.

This is a training/internship program recognized by the Ministère de l'Éducation du Québec and not offered in my community.

I have read and meet the conditions of access to the financial aid.

I have met with the resource person for information and validation of my initiative (guidance counsellor at the Centre de services scolaire du Littoral or internship teacher).

Name of the resource person I met with:

I enclose:

A proof of residence on the Centre de services scolaire du Littoral territory.

A proof of acceptance to the training or internship program.

F – Signature of the Applicant

By checking this box, I declare that the information submitted is accurate and that this is proof of my electronic signature.

Signature

Date

Please send the completed form and required documents to the following email address: se@csdulittoral.qc.ca with FASOC in the subject line.

G – Section Reserved to the Analysis Committee

Application received on:

Decision:

ACCEPTED

REFUSED

Signature of the Director of Educational Services

Date

Signature of the Director of Adult and Vocational Education Services

Date