

INFORMATION M. Mrs

Last name

First name

Address

City

Postal code

Home phone number

Cell. phone number

Email address

SIN*

*Your social insurance number is required for the production of tax slips. In Quebec, scholarships are, in general, not taxable.

However, scholarship amounts must be added into net income and deducted from taxable income. For more information visit our website at the "**Scholarships and Taxes**".

RELATIONSHIP WITH DESJARDINS I am a member of a Desjardins caisse I am not a member of Desjardins

Name of caisse

815 or 829 + Transit

I wish that Desjardins Foundation put me in touch with the following Caisse Desjardins to become a member

Name of caisse

*You can indicate which caisse is closer to your home, your workplace or your school, or a specific caisse you would like to become a membre of.

Transit (if known)

ACCEPTANCE OF SCHOLARSHIP I acknowledge receipt of your scholarship offer in partnership with:

Here are the details of the scholarship:

 I accept this scholarship I refuse this scholarship**AUTHORIZATION TO USE PHOTOGRAPH OR TESTIMONIAL**

I, the undersigned, _____, hereby consent to allowing:

My photograph: Yes NoGiven name(s) and family name(s): Yes No

to be used by Desjardins Foundation, at its discretion, for advertising and promotional purposes.

I further consent that no restrictions be placed on the means or media used for dissemination or publication purposes, including the Desjardins website, or on the territory in which my photograph will be published by Desjardins Foundation. Consequently, I cede unlimited rights to use my likeness and image to Desjardins Foundation for a period of twenty-four (24) months following my signature. At the end of this period, Desjardins Foundation will once again need to seek my authorization to renew this agreement and continue using my likeness and image.

I agree not to claim any amount as an indemnity, consideration or compensation in whatever form for the use of my photograph, name or testimonial. I hereby release Desjardins Foundation from liability for any damage that I may sustain further to the publication of my photograph, name or testimonial.

CONSENT TO BE CONTACTED BY DESJARDINS FOUNDATION OR OTHER DESJARDINS GROUP ENTITIE

Desjardins Foundation scholarship recipients are special ambassadors. That's why their participation in its representation activities is so important. Desjardins Foundation often has a booth at major events supported by Desjardins Group. At such events, you could be asked to share your experience as a scholarship recipient, to represent the Desjardins Foundation or to serve as a volunteer.

I, the undersigned, _____, hereby consent to be contracted by Desjardins Foundation or any other Desjardins Group entity by phone, mail or email in order to:

- Support some of Desjardins Foundation's promotional activities in a volunteer capacity: Yes No
- Participate in events: Yes No
- Participate in networking activities: Yes No
- Participate in conferences: Yes No

I also consent to receiving:

- Non-commercial information from Développement International Desjardins and various Desjardins entities in connection with my personal interests (including information about job vacancies or internships to be filled): Yes No
- Information about Desjardins Foundation's activities and scholarship programs: Yes No

I agree to notify Desjardins Foundation regarding any change in my personal contact information. My consent and agreement will be valid for a period of twenty-four (24) months following my signature. At the end of this period, Desjardins Foundation will once again need to seek my authorization to renew this agreement and request my participation for the purposes mentioned above.

READ AND APPROVED AT

Place	Date
Signature	

Please return the form by email at:

fondation.desjardins@desjardins.com or by regular mail at the following address:

Desjardins Foundation

1, complexe Desjardins
P.O. Box 7
Desjardins Branch
Montreal (Québec)
H5B 1B2