



Foundation of Quebec Chartered Accountants

680 Sherbrooke Street West, 18th Floor

Montréal, Québec H3A 2S3

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Presenting the

2009-2010

**Doctoral
Study**

**FINANCIAL
AID
PROGRAM**

**Financial aid for CAs wishing to enter or
continue a university doctoral program**

**Registration deadline
January 29, 2010**

APPLICATION FORM



DOCTORAL STUDY FINANCIAL AID PROGRAM

Before completing this form, you may consult the enclosed French-language document, “*Programme d’aide financière – 3^e cycle – études doctorales*” which sets out the program rules.

ELIGIBILITY OF CANDIDATES

General principle

All members of the Ordre des comptables agréés du Québec (Ordre), including those working outside Quebec, are eligible for the Doctoral Study Financial Aid Program.

Exceptions

The following persons are not eligible to the program:

- members who have been struck off the Membership roll of the Ordre for disciplinary reasons;
- members who have been struck off the Membership roll of the Ordre or whose right to engage in professional activities has been suspended by the Bureau or the Administrative Committee of the Ordre under section 55.1 of the *Professional Code* (criminal offence or disciplinary decision from another order);
- members who are the subject to a restriction or suspension of their right to practice;
- members who are the subject of an inquiry by the syndic or who are being prosecuted before the civil or criminal courts.

Notwithstanding the general principle and the exceptions set out above, the Selection Committee may, when analyzing the eligibility of a member who has been the subject of a disciplinary reprimand or fine, reject the nomination after taking the relative weight of the offence into account. This means that the Committee must consider in particular:

- the seriousness of the offence and the penalty imposed;
- the length of time between the date the penalty was imposed and the submission of the candidature;
- the media coverage of the case.

Attach a separate page to provide information about your situation, if necessary.

STATEMENT TO BE COMPLETED BY APPLICANT

I would like to apply for registration as a candidate for the Doctoral Study Financial Aid Program and inform you of my intention to satisfy all the admission requirements for this program.

Accordingly, I agree to comply with the requirements respecting participation in the Professional Education Program of the Ordre des comptables agréés du Québec (which is part of a graduate diploma). More specifically, I undertake to participate in the Ordre’s Professional Education Program as an instructor, lecturer or author of educational material or to work with CA candidates (e.g. marking of case studies and feedback).

In compliance with the admission requirements for the Doctoral Study Financial Aid Program, I will submit a yearly progress report during the two years of the program, in the form of a letter, informing the Ordre of my progress (courses completed) and my dissertation proposal. I will also indicate how I was or will be involved in the Ordre’s Professional Education Program.

Applicant’s signature

Date



Please enclose a recent copy of your curriculum vitae with this form

PERSONAL INFORMATION

Family name _____ Sex _____
 First name _____ F M

Address (home) _____ Apt. _____ City _____
 Province _____ Country _____ Postal code _____

Address (work) _____ Apt. _____ City _____
 Province _____ Country _____ Postal code _____

Check (✓) the box for mailing purposes Home Work

Telephone (home) _____ Telephone (work) _____ Fax _____
 Correspondence French English E-mail address _____

Member of the Ordre des comptables agréés du Québec, please indicate your membership number:

MEMBERSHIP IN OTHER ACCOUNTING ORGANIZATIONS

Please indicate below the names of all other accounting organizations of which you are or have been a member, or with which you are or have been registered as a student or candidate for the practice of the profession.

	Date of membership (day / month / year)	Date of registration (day / month / year)
Name of accounting organization: _____	from _____	to _____
Name of accounting organization: _____	from _____	to _____
Name of accounting organization: _____	from _____	to _____



EXPERIENCE

The Foundation of Quebec Chartered Accountants needs the following information to assess your eligibility as a candidate for the Doctoral Study Financial Aid Program. Please list all the positions you have held in the practice of public accounting or any other accounting activity, in Canada or elsewhere (in inverse chronological order). The Foundation of Quebec Chartered Accountants reserves the right to communicate directly with each firm, public accounting office, or any other employer to obtain the necessary documents and information.

(A) PUBLIC ACCOUNTING EXPERIENCE

① Business name of the employer _____ Address _____ City _____ Province _____ Country _____ Postal code _____ Supervisor's name _____ Telephone _____ Fax _____	Period of employment from _____ to _____ (day / month / year) Position held _____ _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
--	---

② Business name of the employer _____ Address _____ City _____ Province _____ Country _____ Postal code _____ Supervisor's name _____ Telephone _____ Fax _____	Period of employment from _____ to _____ (day / month / year) Position held _____ _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
--	---

③ Business name of the employer _____ Address _____ City _____ Province _____ Country _____ Postal code _____ Supervisor's name _____ Telephone _____ Fax _____	Period of employment from _____ to _____ (day / month / year) Position held _____ _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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(B) UNIVERSITY TEACHING AND RELATED EXPERIENCE

1 Name of institution or business _____ Address _____ City _____ Province _____ Country _____ Postal code _____ Supervisor's name _____ Telephone _____ Fax _____ _____	Period of employment from _____ to _____ (day / month / year) Position held _____ _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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2 Name of institution or business _____ Address _____ City _____ Province _____ Country _____ Postal code _____ Supervisor's name _____ Telephone _____ Fax _____ _____	Period of employment from _____ to _____ (day / month / year) Position held _____ _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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3 Name of institution or business _____ Address _____ City _____ Province _____ Country _____ Postal code _____ Supervisor's name _____ Telephone _____ Fax _____ _____	Period of employment from _____ to _____ (day / month / year) Position held _____ _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>
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**EDUCATION**

University		Telephone
_____		_____
Faculty		Fax
_____		_____
Address		Degree obtained (level)
_____		_____
City	Province	Specialization
_____	_____	_____
Country	Postal code	Year
_____	_____	_____

University		Telephone
_____		_____
Faculty		Fax
_____		_____
Address		Degree obtained (level)
_____		_____
City	Province	Specialization
_____	_____	_____
Country	Postal code	Year
_____	_____	_____

University		Telephone
_____		_____
Faculty		Fax
_____		_____
Address		Degree obtained (level)
_____		_____
City	Province	Specialization
_____	_____	_____
Country	Postal code	Year
_____	_____	_____

N.B. Please enclose an official, detailed and complete transcript of your university grades; the transcript must bear the seal of the educational institution where you studied and confirm the grade obtained as well as the date the degree or diploma was awarded. Photocopies will be accepted only if they are certified as complying with the original by a commissioner of oaths or a lawyer.



PROGRAM RELATIVE TO THIS APPLICATION

Degree sought

Field of research

Specialization (if any)

University

Telephone

Faculty

Fax

Address

City

Province

Country

Postal code

Actual or expected date of start of doctoral program for which financial aid is requested

_____ (month / year)

Expected date of completion

_____ (month / year)

NATURE OF PROGRAM

Explain how your program will enable you to contribute to the graduate-level Professional Education Program of the Ordre des comptables agréés du Québec. For example, your involvement could include lecturing graduate students, drafting educational material, acting as a private tutor to candidates, etc.



PUBLICATIONS AND RESEARCH

- (a) **Publications:** starting with the most recent, list refereed publications such as articles, reports and conference proceedings, books or chapters of published books. *The articles submitted will be considered only if they are accompanied by an acknowledgement of receipt from a publisher and articles accepted for publication must be accompanied by notification from the publisher.*



PUBLICATIONS AND RESEARCH (CONT.)

(b) **Research:** describe all other relevant achievements: research, awards and scholarships received, patents, papers, lectures, conferences, exhibitions, productions, work.

(c) **Other relevant information:** indicate any information relevant to the evaluation of your application.



PRESENTATION OF RESEARCH PROJECT

Describe your research project, clearly indicating your personal contribution to the targeted fields of research and explain how these studies will enable you to contribute to the Professional Education Program of the Ordre des comptables agréés du Québec that is part of a university graduate program.

(a) topic

(b) research problematics and objectives

(c) methodology



EVALUATION LETTERS (*Indicate the names, addresses and telephone numbers of two references.*)

1

Family name	First name	
Address	City	
Province	Country	Postal code
Telephone	Telephone (other)	Fax
E-mail address		

2

Family name	First name	
Address	City	
Province	Country	Postal code
Telephone	Telephone (other)	Fax
E-mail address		

RESERVED FOR THE FOUNDATION

1 Letter of reference received _____ (day / month / year)	2 Letter of reference received _____ (day / month / year)
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PUBLICATION OF SCHOLARSHIP RECIPIENTS' NAMES AND TRANSMISSION OF PERSONAL INFORMATION

Should I receive a scholarship from the Foundation of Quebec Chartered Accountants, I agree to have my name published exclusively in the Foundation's annual report and on its website.

I accept I refuse

Under the *Act respecting the protection of personal information in the private sector*, we require your consent to share your personal information, specifically your name and mailing address, with your educational institution, its foundation and with your regional CA group for the purpose of organizing a scholarship award ceremony.

I accept I refuse

Signature: _____

Date: _____



EVALUATION LETTER - 1

Family name of applicant

First name of applicant

Instructions to applicant:

- ♦ Fill out the top of the evaluation letters. Give them to your references, along with a copy of your application.
- ♦ Provide the references with any relevant information that may help them write a meaningful and discerning letter.
- ♦ If letters are returned to you by your references, attach them unopened to your application.

Instructions to reference

- ♦ Please complete this letter using a typewriter or black ink. Sign the letter and return it to the applicant in a sealed envelope or send it directly to:

Foundation of Quebec CAs
680 Sherbrooke Street West, 18th Floor
Montréal (Québec) H3A 2S3

The Foundation of Quebec Chartered Accountants is subject to the *Act respecting access to documents held by public bodies and Protection of personal information*. According to this Act, the applicant can, upon request, have access to any nominative information concerning him/her contained in the evaluations.

1. I know the applicant: Very well Well Very little

- as a:** Teacher (1 course) Teacher (several courses)
 Thesis advisor Supervisor of a teaching or research assistant
 Other: _____

2. The applicant gave me a copy of the application and I have read it: Yes No

3. Since applicants are evaluated on a comparative basis, please provide comments under each of the following points:

	Clearly above average	Above average	Below average	Insufficient knowledge of the applicant
(A) Knowledge acquired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(B) Originality or creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(C) Research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(D) Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(E) Verbal and written communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(F) Overall competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments, if any:



EVALUATION LETTER (CONT.)

SIGNATURE OF THE REFERENCE

Signature of the reference

Name of the reference *(in block letters)*

Date

Position or title *(in block letters)*

Institution *(in block letters)*

REFERENCE'S FULL NAME AND ADDRESS

Family name

First name

Address

City

Province

Country

Postal code

Telephone

Telephone (other)

Fax



EVALUATION LETTER - 2

Family name of applicant

First name of applicant

Instructions to applicant:

- ♦ Fill out the top of the evaluation letters. Give them to your references, along with a copy of your application.
- ♦ Provide the references with any relevant information that may help them write a meaningful and discerning letter.
- ♦ If letters are returned to you by your references, attach them unopened to your application.

Instructions to reference

- ♦ Please complete this letter using a typewriter or black ink. Sign the letter and return it to the applicant in a sealed envelope or send it directly to:

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	Clearly above average	Above average	Below average	Insufficient knowledge of the applicant
(G) Knowledge acquired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(H) Originality or creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(I) Research ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(J) Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(K) Verbal and written communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(L) Overall competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other comments, if any:



EVALUATION LETTER (CONT.)

SIGNATURE OF THE REFERENCE

Signature of the reference

Name of the reference *(in block letters)*

Date

Position or title *(in block letters)*

Institution *(in block letters)*

REFERENCE'S FULL NAME AND ADDRESS

Family name

First name

Address

City

Province

Country

Postal code

Telephone

Telephone (other)

Fax