The Quebec City English-Speaking Community Foundation

2000-1270, chemin Ste-Foy, Québec, QC, G1S 2M4

kpoulin@qcescf.org
581 397-1652

Dr. David Guthrie Memorial Scholarship

General Information
This one-year scholarship is awarded to an outstanding student graduating from St. Lawrence College and entering the first year of a university program in health studies (Doctor of Medicine or Bachelor of Nursing Science).

The successful applicant must show financial need and high academic achievement.

Application forms are available at the Guidance Department of Champlain-St. Lawrence College.

The Dr. David Guthrie Memorial Scholarship application must be completed and submitted with **all required documents** to be considered. The Bursary Committee will not consider any incomplete application, and it will automatically be refused. All applicants must submit their own applications, any documents submitted from third parties (school, parent, reference, etc.) will not be accepted.

Complete applications, including all supporting documents, must be submitted by email in **a single PDF file** to: **kpoulin@qcescf.org**

Schedule for obtaining the scholarship
Applications must be received by April 24, 2026, 11:59 p.m. All applicants must submit the following:

1) A fully completed application form
2) A complete set of academic transcripts to date
3) A personal letter outlining career plans
4) Two letters of reference from recent or current teachers or academic supervisors who know the applicant and support the student's application

The winner of the Dr. David Guthrie Memorial Scholarship will be announced during the graduation ceremony at St. Lawrence College. A certificate and a letter of instructions will be given to the student during the graduation ceremony.

The scholarship, valued at $3,000, will be deposited directly into the student's bank account. Please note that this amount is subject to income tax as non-taxable revenue. To receive the scholarship, the winner must provide their Social Insurance Number (SIN) and proof of registration in a full-time university program, such as a letter from the registrar. The Quebec City English-Speaking Community Foundation will issue T-4A and Relevé 1 slips at the beginning of the following year.

It is the responsibility of the applicant to submit confirmation of their registration in full-time Business studies at their chosen university to the Quebec City English-Speaking Community Foundation as soon as it becomes available.

Section 1: Applicant Information (please print clearly if filling out by hand)

Legal Name: _____ Date: _____
Last First (yyyy-mm-dd)

Address: _____
Street Address Apartment #

_____
City Province Postal Code

Phone: _____ E-mail: _____

Are you a: Canadian Citizen Permanent Resident

Date of Birth (yyyy-mm-dd):_____

Section 2: Current living situation

Are you financially dependent on your parents? Yes ☐ No ☐
If yes, complete section 3A. If no, complete section 3B.

Section 3A: Current living situation – financially dependent on parents
Please check the box that best describes your current living situation.
During your studies, you will be:
☐ Living with both your parents
☐ Living with one parent
☐ Living on your own in an off-campus apartment. What is the length of your lease in months? _____
☐ Living on your own in an on-campus residence
☐ Sharing an off-campus apartment with 1 or more roommates
If so, with how many roommates? _____ What is the length of your lease in months? _____

Father's Name:_____ Mother's Name:_____

Employer:_____ Employer:_____

Father's gross income:_____ Mother's gross income:_____

Other income:_____ Other income:_____

How many dependent siblings in your family? _____

Section 3B: Current living situation - financially independent from parents

Please check box that best describes your current living situation. During the course of your studies, you will be:

Living with your partner/spouse
Living on your own in an off-campus apartment. What is the length of your lease in months? _____
Living on your own in an on-campus residence
Sharing an off-campus apartment with 1 or more roommates
If so, with how many roommates? _____ What is the length of your lease in months? _____

State your gross income:_____ State your spouse/partner's gross income:_____

Do you have any dependent children? Yes ☐ No ☐

Section 4: Education

Name of High School you attended: _____ Did you graduate: Yes ☐ No ☐
Name of CEGEP you attended: _____ Did you graduate: Yes ☐ No ☐
What was your course of studies: _____

List the universities where you've applied:	Program	No. of years
_____	_____	_____
_____	_____	_____
_____	_____	_____

Section 5: Financial Information and Budget			
Expenses	**Total**	**Revenues & resources**	**Total**
Tuition or admission fees		Contribution from parents	
Books, supplies & equipment		Contribution from spouse/partner	
Rent		Contribution from other family members	
Telephone/cable/internet		**Income from summer employment	
Electricity & heating		**Income from part-time employment	
Food		Provincial government loan	
Clothing		Provincial government bursary	
Transportation		Other government assistance	
Daycare		Personal prepaid scholarship fund	
Other (please specify)		Other scholarships or bursaries	
		Other revenue - specify source & amount	
		Source other revenue:	
Total		**Total**	

Section 6: Complimentary Financial Information

**If you do not have any income from summer or part-time employment, please explain why here:

_____

Have you applied for the Quebec Student Loans and Bursaries program? Yes ☐ No ☐
If you are not applying, please explain why:

_____

_____

Do you own a vehicle: Yes ☐ No ☐

If yes, make, model and year _____

Section 7: Additional information

Please indicate any additional information, financial or other, that you feel is necessary for the Education Committee to reach its decision: (You may be requested to supply further proof of your financial situation.)

Section 8 : Consent – Personal Information Protection

The personal information collected through this application form is required for the evaluation and administration of the bursary program. It will be used exclusively for these purposes and will be accessible only to authorized personnel.

Your personal information will be retained for the period necessary to fulfill these purposes and to meet our legal and regulatory obligations. After this period, it will be securely destroyed or anonymized.

In accordance with Québec's *Act respecting the protection of personal information in the private sector* (Law 25), you have the right to:

- Access the personal information we hold about you;
- Request its correction if it is inaccurate, incomplete, or ambiguous;
- Withdraw your consent to its use, subject to legal or contractual restrictions.

To exercise these rights, please contact our Bursary Program administrator at:
Kathleen Poulin, Executive Assistant & Membership Coordinator
kpoulin@qcescf.org
581 397-1652

By submitting this form, you acknowledge that you have read and understood this notice and consent to the collection, use, and retention of your personal information as described above.

Section 9: Declaration

I, hereby, certify that the information given in this confidential application is true and is accurate to the best of my knowledge.

Signature of applicant: _____

Signature of Father: (if applicable) _____

Signature of Mother: (if applicable) _____

Signature of Guardian: (if applicable) _____

For office use only (please do not write anything here)

Date application received _____ Education Committee initials _____

Supporting documents received ☐ Yes ☐ No Education Committee initials _____

Application successful ☐ Yes ☐ No Education Committee initials _____