# Foundation of Quebec CPAs

5, Place Ville Marie, bureau 800

Montréal (Québec) H3B 2G2

T. 514 288-3256, ext. 2604 1 800 363-4688

[**fondation@cpaquebec.ca**](mailto:fondation@cpaquebec.ca)



#### **SCHOLARSHIP APPLICATION FORM**

**Ph.D. Scholarship Program**

**2022-2023**

**Financial aid for CPAs who continue a university doctoral program**

**Date to remember**

**Submit the application file by email:  
December 7, 2022, 4:00 p.m.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal information** | | | | | | | | | | | | | | | | | | |
|  | **Last name** | | | | | |  | |  | | | | | | | |  | |
|  |  | | | | | |  | | Sex | | | | | | | |  | |
|  | **First name** | | | | | |  | | Female  Male | | | | | | |  | | |
|  |  | | | | | |  | |  | | | | | | |  | | |
|  |  | | | | | |  | | | | | | | | | | | |
|  | **Correspondence address** | | | | | |  | **Apt.** | |  | **City** | | | | | | |  | |
|  |  | | | | | |  |  | |  |  | | | | | | |  | |
|  | **Province** | | |  | **Country, if not Canada** | | | | | | |  | **Postal code** | | | | |  | |
|  |  | | |  |  | | | | | | |  |  | | | | |  | |
|  |  | | |  |  | | | | | | |  |  | | | | |  | |
|  | **Telephone (home)** | | | | | | **Telephone (work)** | | | | | | | | | | | |
|  |  |  | | | | |  | | | | | | | |  | | | |
|  | **Correspondence** | | **Email** | | | | | | | | | | | | | | | |
|  | French  English | |  | | | | | | | | | | | |  | | | |
|  |  | |  | | | | | | | | | | | |  | | | |
| CPA Order member number: **4** | | | | | | (six numbers beginning with 4) | | | | | | | |  | | | | |

|  |  |  |
| --- | --- | --- |
| **PH.D. scholarship received** | | |
|  | If you already received a Ph.D. scholarship from the CPA Foundation, please provide the required information below:  1st instalment  Fiscal year:  2nd instalment:  Fiscal year:  Reminder: A maximum of 3 scholarships or $30,000 may be awarded for the same doctorate. |  |
|  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Membership in other accounting organizations** | | | | | | | |
| Please enter below the name of each accounting organization of which you are or have been a member, or with which you are or have been registered as a trainee or candidate for the practice of the profession. | | | | | | | |
|  | |  | **Date of membership**  (day / month / year) | | **Membership end date (if applicable)** (day / month / year) | |  |
|  | **Name of the accounting organization:** |  |  |  |  |  |  |
|  |  |  | **From** |  | **to** |  |  |
|  | **Name of the accounting organization:** |  |  |  |  |  |  |
|  |  |  | **From** |  | **to** |  |  |
|  | **Name of the accounting organization:** |  |  |  |  |  |  |
|  |  |  | **From** |  | **to** |  |  |
|  |  |  |  |  |  |  |  |

|  |
| --- |
| **Work experience** |
| The Foundation of Quebec CPAs requires the following information to evaluate your eligibility as an applicant for the Ph.D. scholarship program:   * The accounting experience. * The university teaching experience.   **Please attach a recent curriculum vitae to this form**. Make sure to list all jobs in which you have worked as an accountant or, where applicable, any other accounting activities you have conducted in Canada or abroad. Please list them in chronological order, starting with the most recent. |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Education** (master’s degrees and doctorates) | | | | | | |
|  | **University** | | |  | **Degree obtained (level)** |  |
|  |  | | |  |  |  |
|  | **Faculty** | | |  | **Specialization** |  |
|  |  | | |  |  |  |
|  | **City** |  | **Province** |  | **Year of graduation** |  |
|  |  |  |  |  |  |  |
|  | **Country, if not Canada** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | | |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **University** | | |  | **Degree obtained (level)** |  |
|  |  | | |  |  |  |
|  | **Faculty** | | |  | **Specialization** |  |
|  |  | | |  |  |  |
|  | **City** |  | **Province** |  | **Year of graduation** |  |
|  |  |  |  |  |  |  |
|  | **Country, if not Canada** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | | |  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **University** | | |  | **Degree obtained (level)** |  |
|  |  | | |  |  |  |
|  | **Faculty** | | |  | **Specialization** |  |
|  |  | | |  |  |  |
|  | **City** |  | **Province** |  | **Year of graduation** |  |
|  |  |  |  |  |  |  |
|  | **Country, if not Canada** |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  | | |  |  | |

|  |
| --- |
| **Please attach a complete and detailed official transcript of your university studies (master’s degrees and doctorates);** the transcript must bear the seal of the educational institution where you studied and confirm the credential earned and the date on which it was obtained.  **A transcript printed from an Internet file will be accepted** provided it includes the following information:   * the applicant's name; * the program's and university's name; * the cumulative average and the number of credits; * the Internet URL. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Doctoral program concerned by this application** | | | | | | | |
|  | **Degree awarded by the program to which you have applied** | | | | | |  |
|  |  | | | | | |  |
|  | **Field of research** | | | | | |  |
|  |  | | | | | |  |
|  | **Specialization (if applicable)** | | | | | |  |
|  |  | | | | | |  |
|  | **University** | |  | **Telephone** | | |  |
|  |  | |  |  | | |  |
|  | **Faculty** | |  | **Email** | | |  |
|  |  | |  |  | | |  |
|  | **City** | |  | **Province** | |  | |
|  |  | |  |  | |  | |
|  | **Country, if not Canada** | |  |  | |  | |
|  |  | |  |  | |  | |
|  | Start date of the doctoral program concerned by this scholarship application |  | | |  | | |
| (month / year) | | |
|  | Projected end date of the doctoral program |  | | |  | | |
| (month / year) | | |
|  | | | | | | | |
| **Nature of the doctoral program** | | | | | | | |
| Explain how your doctoral program will enable you to make a positive impact on the profession. | | | | | | | |
|  | | | | | | | |

|  |
| --- |
| **Publications and research** |
| 1. **Publications:** List, if applicable, your peer-reviewed publications, such as published articles, conference reports, proceedings, books or book chapters, starting with the most recent.   *Submitted articles are considered only if accompanied by acknowledgements from the publishers that they have been submitted or accepted for publication.* |
|  |

|  |
| --- |
| **Publications and research (continued)** |
| 1. **Research**: Describe, if applicable, any other relevant achievement: research work, awards and scholarships received, patents, papers, presentations, exhibits, products, projects. |
|  |
| 1. **Other useful information for evaluating your application:** |
|  |

|  |
| --- |
| **Description of your research project** |
| Describe your research project by carefully highlighting your personal contribution to the fields of research concerned and explain how your studies will enable you to make a positive impact on the profession.  **Applicants who have already received a Ph.D. scholarship** will also need to explain the progress they have made in the doctoral program since their last scholarship was awarded. |
|  |
| 1. **Research topic and objectives** |
| 1. **Methodology** |

|  |
| --- |
| **Evaluation forms and letters of recommendation**  ***Provide the names and the required information of two referees.*** |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **➊** | | | | | | | | | | | | |
|  | **Last name** | | |  | | **First name** | | | | | |  |
|  |  | | |  | |  | | | | | |  |
|  | **City** |  | **Province** | | | | | | |  | **Country, if not Canada** |  |
|  |  |  |  | | | | | | |  |  |  |
|  | **Telephone** | | | |  | | **Telephone (other)** | | | | |  |
|  |  | | | |  | |  | | | | |  |
|  | **Email** | | | | | | | | | | |  |
|  |  | | | | | | | | | | |  |
|  |  | | | | | | |  |  | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **➋** | | | | | | | | | | | | |
|  | **Last name** | | |  | | **First name** | | | | | |  |
|  |  | | |  | |  | | | | | |  |
|  | **City** |  | **Province** | | | | | | |  | **Country, if not Canada** |  |
|  |  |  |  | | | | | | |  |  |  |
|  | **Telephone** | | | |  | | **Telephone (other)** | | | | |  |
|  |  | | | |  | |  | | | | |  |
|  | **Email** | | | | | | | | | | |  |
|  |  | | | | | | | | | | |  |
|  |  | | | | | | |  |  | | | |

|  |
| --- |
| **Declarations and undertakings** |

The Board of directors has set specific eligibility requirements for this scholarship application that are available on the Foundation’s [**website**](https://cpaquebec.ca/en/cpa-foundation/scholarships-and-awards/ph-d/). The main objective of the Ph.D. scholarship program is to help build future generations of CPA professors in Quebec who will train students enrolled in one of undergraduate programs recognized by the Order or the CPA Professional Education Program (PEP).

* By signing this application, I declare that I have not reached the maximum of 3 scholarships or $30,000 for the same doctorate in the CPA Foundation’s Ph.D. scholarship program.
* By signing this application, I authorize the Foundation to conduct member file and disciplinary record checks with the Quebec CPA Order, including the syndic of the Quebec CPA Order, as well as background checks for previous convictions in relation to the eligibility requirements outlined on the Foundation’s **[website](https://cpaquebec.ca/en/cpa-foundation/scholarships-and-awards/ph-d/)**.
* By signing this application, should I be selected to receive a Ph.D. scholarship, I agree to:
  + remain a member in good standing of the Quebec CPA Order;
  + mention the Foundation’s contribution in any publication that may result from my doctoral studies and related research work;
  + teach in Quebec’s university network for a minimum of five years after obtaining my Ph.D.;
  + obtain my doctoral degree within six years;
  + pay back the entire scholarship if I do not obtain a doctoral degree from my Ph.D. program within six years and do not fulfill the requirement of teaching in Quebec’s university network for a minimum five years after obtaining my doctoral degree.

|  |
| --- |
| **Publication of the recipient's name and disclosure of personal information** |

Under the *Act respecting the Protection of Personal Information in the Private Sector, CQLR, c. P-39.1*, the Foundation of Quebec CPAs must obtain your consent, except where provided by law, to use your personal information for publications or advertisements or to communicate your personal information to third parties.

* If I am a recipient of a Foundation scholarship, I agree to allow my name, the name of my educational institution, and images of me (photos and videos) to be used, without remuneration or compensation, in publications that the Foundation of Quebec CPAs, the Quebec CPA Order and its regional groups may release in their print or digital communication tools, including CPA newsletters, the Order’s website, social media, and the Foundation’s annual report.

I accept  I refuse

* If am a recipient of a Foundation scholarship, I agree to allow the Foundation of Quebec CPAs to share my name, my email address and my mailing address with the Quebec CPA Order, my educational institution, its foundation as well as with the various partners that may be associated with the Foundation’s scholarship program (the Foundation’s partner firms and companies, groups of chartered professional accountants, CPA student committees), where applicable.

If I am a recipient of a Foundation scholarship, I also agree to allow the Foundation of Quebec CPAs to share my permanent student code with my educational institution and its foundation, where applicable.

By checking the "I accept" box, I agree to allow the Foundation to share this information with the aforementioned parties only for the purpose of organizing a scholarship presentation ceremony, where applicable, or so that the educational institution can publicly congratulate its students who receive a scholarship from the Foundation of Quebec CPAs.

I accept  I refuse

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Declaration by the applicant** | | | | |
| By submitting this scholarship application form, I accept all the mentioned conditions and I certify that the information provided in it is exact and complete. | | | | |
|  |  |  |  |  |
|  | **Applicant’s signature** |  | **Date** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluation form – 1** | | | | | | | | | | | | |
|  | **Applicant’s last name** | | | | | |  | **Applicant’s first name** | | | |  |
|  |  | | | | | |  |  | | | |  |
|  | **Instructions for applicants** | | | | | |  | **Instructions for referees** | | | |  |
|  | * Fill out the header of the evaluation forms and give them to your referees. * Provide the referees with the relevant information so that they can fill out the evaluation form and write a meaningful, insightful letter of recommendation. * If the documents are returned to you by the referees, include them with your application. | | | | | |  | * Please fill out this evaluation form and write the letter of recommendation on a computer or in black ink. Please sign and return the documents to the applicant or send these directly to the Foundation no later than December 7, 2022, 4:00 p.m., by email to [fondation@cpaquebec.ca](mailto:fondation@cpaquebec.ca?subject=Ph.D.%20scholarship%20-%20Evaluation%20form%20and%20letter%20of%20recommandation). | | | |  |
|  | The Foundation of Quebec CPAs is subject to the *Act respecting access to documents held by public bodies and the protection of personal information*. Under the Act, applicants may, upon request, be given access to nominative information about them included in their evaluations. | | | | | | | | | | |  |
|  | 1. I know the applicant in the capacity of: | | | | | | | | | | |  |
|  |  | Professor (1 course) | | | Professor (several courses) | | | | | | |  |
|  |  | Thesis supervisor | | | Supervisor of a teaching or research assistant | | | | | | |  |
|  |  | Other: |  | | | | | | | | |  |
|  |  |  |  | | | | | | | | |  |
|  | 1. Since applicants are evaluated on a comparative basis, please comment on each of the following items: | | | | | | | | | | |  |
|  |  | | | **Significantly above average** | | **Above average** | | | **Equal to the average** | **Below average** | **Do not know the applicant well enough** |  |
|  | A) Acquired knowledge | | |  | |  | | |  |  |  |  |
|  | B) Innovativeness or creativity | | |  | |  | | |  |  |  |  |
|  | C) Research skills | | |  | |  | | |  |  |  |  |
|  | D) Judgment | | |  | |  | | |  |  |  |  |
|  | E) Oral and written communication | | |  | |  | | |  |  |  |  |
|  | F) General skills | | |  | |  | | |  |  |  |  |
|  |  | | |  | |  | | |  |  |  |  |
|  | **Other comments,**  **where applicable:** | | |  | |  | | |  |  |  |  |
|  |  | | | | | | | | | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Evaluation form (continued)** | | | | | | |
|  | | | | | | |
| **Referee’s signature and contact details** | | | | | | |
|  |  |  |  |  | |
|  | **Referee’s signature** |  | **Date** |  | |
|  | **Last name** |  | **First name** | |  |
|  |  |  |  | |  |
|  | **Position or title** |  | **Institution** | |  |
|  |  |  |  | |  |
|  | **City** |  | **Province** | |  |
|  |  |  |  | |  |
|  | **Country, if not Canada** |  | **Email** | |  |
|  |  |  |  | |  |
|  | **Telephone** |  | **Telephone (other)** |  | |
|  |  |  |  |  | |
|  |  | | | | |

**REMINDER**

The referee must also join a letter of recommendation in addition to the evaluation form.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Evaluation form – 2** | | | | | | | | | | | | |
|  | **Applicant’s last name** | | | | | |  | **Applicant’s first name** | | | |  |
|  |  | | | | | |  |  | | | |  |
|  | **Instructions for applicants** | | | | | |  | **Instructions for referees** | | | |  |
|  | * Fill out the header of the evaluation forms and give them to your referees. * Provide the referees with the relevant information so that they can fill out the evaluation form and write a meaningful, insightful letter of recommendation. * If the documents are returned to you by the referees, include them with your application. | | | | | |  | * Please fill out this evaluation form and write the letter of recommendation on a computer or in black ink. Please sign and return the documents to the applicant or send these directly to the Foundation no later than December 7, 2022, 4:00 p.m., by email to [fondation@cpaquebec.ca](mailto:fondation@cpaquebec.ca?subject=Ph.D.%20scholarship%20-%20Evaluation%20form%20and%20letter%20of%20recommandation). | | | |  |
|  | The Foundation of Quebec CPAs is subject to the Act respecting access to documents held by public bodies and the protection of personal information. Under the Act, applicants may, upon request, be given access to nominative information about them included in their evaluations. | | | | | | | | | | |  |
|  | 1. I know the applicant in the capacity of: | | | | | | | | | | |  |
|  |  | Professor (1 course) | | | Professor (several courses) | | | | | | |  |
|  |  | Thesis supervisor | | | Supervisor of a teaching or research assistant | | | | | | |  |
|  |  | Other: |  | | | | | | | | |  |
|  |  |  |  | | | | | | | | |  |
|  | 1. Since applicants are evaluated on a comparative basis, please comment on each of the following items: | | | | | | | | | | |  |
|  |  | | | **Significantly above average** | | **Above average** | | | **Equal to the average** | **Below average** | **Do not know the applicant well enough** |  |
|  | A) Acquired knowledge | | |  | |  | | |  |  |  |  |
|  | B) Innovativeness or creativity | | |  | |  | | |  |  |  |  |
|  | C) Research skills | | |  | |  | | |  |  |  |  |
|  | D) Judgment | | |  | |  | | |  |  |  |  |
|  | E) Oral and written communication | | |  | |  | | |  |  |  |  |
|  | F) General skills | | |  | |  | | |  |  |  |  |
|  |  | | |  | |  | | |  |  |  |  |
|  | **Other comments,**  **where applicable:** | | |  | |  | | |  |  |  |  |
|  |  | | | | | | | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Evaluation form (continued)** | | | | | |
|  | | | | | |
| **Referee’s signature and contact details** | | | | | | |
|  |  |  |  |  | |
|  | **Referee’s signature** |  | **Date** |  | |
|  | **Last name** |  | **First name** | |  |
|  |  |  |  | |  |
|  | **Position or title** |  | **Institution** | |  |
|  |  |  |  | |  |
|  | **City** |  | **Province** | |  |
|  |  |  |  | |  |
|  | **Country, if not Canada** |  | **Email** | |  |
|  |  |  |  | |  |
|  | **Telephone** |  | **Telephone (other)** |  | |
|  |  |  |  |  | |
|  |  | | | | |

**REMINDER**

The referee must also join a letter of recommendation in addition to the evaluation form.