

Applicant last and first name: _____

TRANSFO:INNO SCHOLARSHIPS
2018-2019 Edition
APPLICATION FORM : EXCELLENCE OR LEVIER SCHOLARSHIP
MASTER OR DOCTORAL LEVEL

ENCLOSE WITH THE APPLICATION FORM

For your application to be eligible, please ensure that all documents mentioned below are included by checking off each item. This list should be forwarded with all the documents. Please do not staple the pages together if mailed.

List of required documents:

- Cover letter
- CV
- Academic record (transcript)
- Filled application form (front side only), signed by the applicant and research supervisor
- Two recommendation letters one of which must be by the research supervisor
- Detailed document covering information requested in sections 10 to 13

Your file must be forwarded by mail (date of postmark or dated receipt will be considered as proof) or email to the Initia Foundation **by 4:30 PM on February 22nd 2019**

Initia Foundation - TRANSFO:INNO Scholarships

3600 boulevard Casavant Ouest
Saint-Hyacinthe (Québec) J2S 8E3
Phone : (450) 768-7889
info@initia.org

You will be notified by email of receipt of your application.

For information purposes only, how did you learn of the TRANSFO:INNO scholarship program?
Website Advertising Supervisor Colleague Social media Other: _____

APPLICATION FORM
Excellence or Levier Scholarship
Master or Doctoral level

1. SCHOLARSHIP CATEGORY (choose only one)

- | | |
|--|--|
| <input type="checkbox"/> Excellence scholarship Master | <input type="checkbox"/> Levier scholarship Master |
| <input type="checkbox"/> Excellence scholarship Doctoral | <input type="checkbox"/> Levier scholarship Doctoral |

2. APPLICANT INFORMATION

Last name: _____ First name: _____

3. CONTACT DETAILS

(You must advise us of any change in address as soon as possible)

Mailing address	Permanent address (if different than mailing address)
Civic number / street:	Civic number / street:
City :	City:
Province :	Province :
Postal code:	Postal code:

Home phone:	
Office phone:	Extension :
Cellphone:	
Personal email:	
Work email:	

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4. RESEARCH SUPERVISOR INFORMATION

Name:	
Institution	
Department:	
Field of study:	
Institution address:	
Work number:	Extension:
Email:	

5. CURRENT STUDY PROGRAM

Degree:	Faculty :
Field of study :	Department :
Specialization :	College or University:
Start date (mm/yyyy):	
Expected graduation date (mm/yyyy):	

6. POST-SECONDARY EDUCATION (starting from most recent)

Degree	Field of study	Research supervisor and institution	Start date (mm/yyyy)	Graduation or expected graduation date (mm/yyyy)	Cumulative average

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7. SCHOLARSHIPS, AWARDS OR HONOURS RECEIVED OR APPLIED FOR

Organization name	Amount per year	Start date or date obtained (mm/yyyy)	End date (mm/yyyy)	Obtained : Yes / No / Do not know
Scholarship				
Award				
Honour				

8. PROJECT TITLE

(In French)

9. NAME SIX KEYWORDS, RANGING FROM THE GENERAL TO THE SPECIFIC THAT BEST DESCRIBE YOUR RESEARCH PROPOSAL

10. PROJECT SUMMARY

(Maximum 300 words)

11. RELEVANCE AND PRIORITY

(Maximum ½ page)

How is your research project a high-priority and relevant to the food sciences, food processes, food safety and/or functional health foods in connection to food processing?

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12. PROPOSED RESEARCH PROJECT

(Maximum 3 pages)

Describe your project by stating, in order:

- Problem statement (describe and quantify its importance)
- Methods and analysis
- Novelty
- Feasibility and schedule
- Expected results

13. OTHER RELEVANT INFORMATION

(starting from most recent)

For the financial support component, justify (in terms of budget) the impact that obtaining the scholarship will have on the applicant and the research team.

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14. APPLICANT STATEMENT

I have read and I accept the rules and conditions set out in the “Call for application- TRANSFO:INNO scholarship”.

I declare that the information provided is accurate and complete and I make this declaration knowing that it is of the same effect as if made under oath.

Date : _____ Applicant signature : _____

15. RESEARCH SUPERVISOR STATEMENT

I have read the submitted application and I commit to supporting the applicant as their research supervisor.

Date : _____ Supervisor signature : _____

SEND YOUR APPLICATION BY 4:30 PM ON FEBRUARY 22ND 2019