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| **Partie 1 - demande de subvention (il est important de transmettre le programme et les cours avec la demande)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nom :** | | |  | | | | | | | | | | | | |  | | **Prénom :** | | | | | | |  | | | | | | | | |  |
| **Fonction :** | | |  | | | | | | | | | | | | | |  | | **Date d’entrée en fonction :** | | | | | | | | | |  | | | | |  |
| **Adresse :** | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  |
| **Ville :** | | |  | | | | | | | | | | | | | | | | | | |  | | | **Code postal :** | | | |  | | | | |  |
| **Tél. rés. :** | |  | | | | | | | | | | | | | | | |  | | | | **Cellulaire :** | | | |  | | | | | | | |  |
| **Courriel :** | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | |  |
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| **Programme, précisez :** | | | | | | | | |  | | | | | | | | | | | | | |  |  | | | | | | | | | |  |
|  | | | | | | | | Programme | | | | | | | | | | | | | | |  | Établissement | | | | | | | | | | |
| **Date début du programme :** | | | | | | | |  | | | | | | **Votre association professionnelle :** | | | | | | | | | | | | | AQCS | | | | | AAESQ | ACM | |
| **Commission scolaire :** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Nom du responsable :** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Adresse :** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| **Ville :** | |  | | | | | | | | | | | | | | | | | | | | | | | **Code postal :** | | | | |  | | | |  |
| **Tél. bur. :** | |  | | | | | | | |  | | **Courriel :** | | | | | | | |  | | | | | | | | | | | | | |  |
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|  | ***Date*** | | | | | | | | | |  | | | | | | | | | | ***Signature du responsable*** | | | | | | | | | | | | |  |

**Pour obtenir un remboursement, vous devez remplir la PARTIE 2 du formulaire de demande de subvention accompagné d’une preuve de réussite, et ce, dans un délai de 30 JOURS SUIVANT LA FIN DE CHAQUE COURS.**

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| **Partie 2 - demande de remboursement** | | | | | | | | | | | | | | | | |
| Cours 1 | | | Cours 2 | | | Cours 3 | | | | Cours 4 | | | | | Cours 5 | |
| **Programme, précisez :** | | | | |  | | |  | | |  | | | | |  |
|  | | | | | Programme | | |  | | | Établissement | | | | | |
| **IMPORTANT** : **Le montant de la subvention est de 100 $ par crédit (15 premiers crédits) pour une formation reconnue**. | | | | | | | | | | | | | | | | |
|  | | Je déclare ne pas avoir reçu d’autres remboursements pour les frais scolaires. | | | | | | | | | | | | | | |
| **Le remboursement doit être effectué :** | | | | | | | à la personne | | | | | | | à la CS | | |
|  |  | | | | | |  |  | | | | | |  | |  |
|  | ***Nom en lettres moulées*** | | | | | |  |  | ***Signature de la direction générale*** | | | | | | |  |
|  |  | | | | | |  |  | | | | | |  | |  |
|  | ***Date*** | | | | | |  |  | ***Signature du candidat*** | | | | | | |  |
|  | | | |  | | |  | | | | |  |  | | | |

**Transmettre ce formulaire à Elaine Laberge (**[**cpcg@aqcs.ca**](mailto:cpcg@aqcs.ca)**) avant le 15 novembre 2016**