

Student Name:

Application Form for:



McGill

Dialogue McGill

**HEALTH AND SOCIAL SERVICES
COMMUNITY NETWORK BURSARY PROGRAM
2022-2023 ACADEMIC YEAR**

FORM 2: COMMUNITY REFERENCE

**REFERENCES MUST BE SUBMITTED TO THE COMMUNITY NETWORK BY
May 16th , 2022**

NOTE: PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT OUT ON YOUR COMPUTER WITH ADOBE READER XI OR HIGHER. YOU CAN GET A FREE COPY OF ADOBE READER FROM THE ADOBE WEBSITE. IT IS AVAILABLE FOR WINDOWS, MAC AND ANDROID DEVICES.

**TITLE PAGE AND SECTION 1 TO BE COMPLETED BY THE STUDENT, SECTIONS
2 TO 4 TO BE COMPLETED BY THE REFERENCE PROVIDER**

APPLICATION SPONSORED BY:

Name of Community Network

FOR:

Name of Student

PURSUING STUDIES AT:

Name of Educational Institution

PROGRAM OF STUDY:

Name of Program

SUBMITTED ON:

(yyyy/mm/dd)

SUBMITTED BY:

Name of Reference Provider

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by Dialogue McGill at McGill University.

Ce document est disponible aussi en français : <https://www.mcgill.ca/dialoguemcgill/fr/forms/>

INSTRUCTIONS FOR STUDENT**INSTRUCTIONS FOR REFERENCE PROVIDER FOR THE STUDENT****Section 1: Information on Community Network (To be completed by the student)**

Name of community network: _____ Tel. number: _____
Contact person: _____ E-mail address: _____

Section 2: Information on Reference Provider (To be completed by the reference provider)

Name of reference provider: _____
Name of organization: _____ Title: _____
Mailing address: _____
Municipality: _____ Province: Québec Postal Code: _____
Cell. number: _____ Tel. number: _____ E-mail address: _____

Section 3: Student's Knowledge of and Involvement with the English-speaking Community of the Region (To be completed by the reference provider)

3.1 How long have you known the student? _____

3.2 How long has the student been involved in your organization / community? _____

3.3 Please describe your relationship to the student: (*Maximum 30 words*)

3.4 Please describe the student's knowledge of and involvement in your English-speaking community:
(*Maximum 200 words*)

3.5 How can the student make a difference to the provision of services to English-speaking persons by working in the field of health or social services upon completion of studies? *(Maximum 200 words)*

3.6 Do you recommend this candidate for this bursary?

- ☐ YES without reservation
☐ YES with reservation but feel that she/he should be given a chance, because:
-

3.7 Why is the student a good candidate for this particular bursary? *(Maximum 200 words)*

Section 4: Declaration by the Reference Provider

I declare that:

The information that I have provided in this form is accurate and complete.

Name

Date (yyyy/mm/dd)

The reference provider must save the form and send it by email to the contact person at the participating community network identified in section 1 of this form.

