Student Name: Application Form for:

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

Dialogue McGill funded this program thanks to a financial contribution by Health Canada.

Ce document est disponible aussi en français : https://www.mcgill.ca/dialoguemcgill/fr/forms/formulaires-relatifs-au-programme-de-bourses

Student Name: Application Form for:

+ **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 and 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.