



**McGill**

**Dialogue McGill**

## **McGILL PROFESSIONAL SCHOOLS TARGETED STUDENT BURSARY PROGRAM 2022-2023 ACADEMIC YEAR**

### **FORM 2: REFERENCE 1**

**REFERENCES MUST BE SUBMITTED TO THE APPROPRIATE PROFESSIONAL SCHOOL  
BY NOVEMBER 28, 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 TO BE COMPLETED BY THE STUDENTS  
SECTIONS 2 TO 4 TO BE COMPLETED BY THE REFERENCE PROVIDER**

APPLICATION SPONSORED BY:

\_\_\_\_\_  
Name of School

FOR:

\_\_\_\_\_  
Name of Student

PROGRAM OF STUDY:

\_\_\_\_\_  
Name of Program

SUBMITTED ON:

\_\_\_\_\_  
(yyyy/mm/dd)

**Z** INSTRUCTIONS FOR THE STUDENT

**Z** INSTRUCTIONS FOR THE REFERENCE PROVIDER FOR THE STUDENT

**Section 1: McGill Professional School Contact Information**

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Contact person: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
Tel. number: \_\_\_\_\_

**Section 2: Information on Reference Provider (to be completed by the provider)**

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

**Section 3: Student Interest in Staying in the Province of Quebec to Practice  
(to be completed by the provider)**

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How long have you known the student? \_\_\_\_\_

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

Please explain how this bursary will help the student's goal of practicing in Quebec as a health and social services provider (Maximum 200 words)

