



SPEECH-LANGUAGE PATHOLOGY STUDENT BURSARY PROGRAM 2022-2023 ACADEMIC YEAR

FORM 1: STUDENT APPLICATION

THE DEADLINE FOR STUDENTS TO SUBMIT THIS APPLICATION FORM TO THE McGILL SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS IS NOVEMBER 7, 2022

BEFORE FILLING OUT THIS APPLICATION READ THE GUIDE

NOTE: PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT ON OUT 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.

| APPLICATION SPONSORED BY: | McGill School of Communication Sciences and Disorders | |
|---------------------------|-------------------------------------------------------|--|
| | | |
| FOR: | | |
| | Name of Student | |
| PROGRAM OF STUDY: | | |
| | Name of Program | |
| SUBMITTED ON: | | |
| | (yyyy/mm/dd) | |

| Student's Name: | | |
|-----------------|--|--|
| | | |

SLP STUDENT BURSARY APPLICATION

The student must submit this signed and dated form and supporting documents to the contact person at the McGill School of Communication Sciences and Disorders (Please refer to the section Contact person on page 6 of the Guide for Application for SLP Student Bursary Program).

The School of Communication Sciences and Disorders must submit the form to Dialogue McGill.

| Section 1: Bursary Program | Applicant | | | |
|-----------------------------------------|-------------------------------|---------------------|---------------|-------------------------------------------------|
| Last name: | | First name: | | |
| McGill ID: | | Sex: | : Female | ☐ Male ☐ Prefer not to respond |
| | | Gender identity: | : Woman | Man |
| Section 2: Contact Informati | on | | Other | Prefer not to respond |
| Mailing address: | | | | |
| Municipality: | Province: | | | Postal Code: |
| Is this your primary place of residence | ce during your studies? | Yes | No | |
| If no, please provide residential addr | ess during your studies: | | | |
| Mailing address: | | | | |
| Municipality: | Province: | | | Postal Code: |
| Telephone 1: | E-mail address 1: | | | What is the best way to contact you |
| Telephone 2: | E-mail address 2: | | | ☐ Telephone 1 ☐ Email 1 ☐ Telephone 2 ☐ Email 2 |
| Section 3: Citizenship | | | | |
| Status of your citizenship: | Canadian Citizen | Permanent resident | | |
| Section 4: Primary Residence | e in Selected Quebec Reg | gion | | |
| Quebec region where you reside / ar | e from: | | | |
| How long have you resided in this re | gion? From: | | Until: | |
| | | (yyyy/mm/dd) | | (yyyy/mm/dd) |
| Section 5: English and Frenc | h Language Skills | | | |
| Click to view the description | of Language Skills | | | |
| Using the above level description | s, how would you rate your la | anguage proficiency | in English an | d French: |
| To understand | To speak | <u>Tc</u> | o read | To write |
| English | | | | |
| French | | | | |

| Application Form for SLP Student Bursary Program Student's Name: |
|------------------------------------------------------------------------------------------------|
| Secondary School Certificate |
| Did you obtain a Secondary School Certificate in Quebec? |
| Year obtained? |
| Section 6: Program of Study Timeline |
| Date (yyyy/mm/dd) of entry into program: Date (yyyy/mm/dd) of expected completion of program: |
| Year of enrolment in program as of September 2022: |
| Section 7: Knowledge of Bursary Program |
| How did you find out about the Bursary Program? |
| Section 8: Reason(s) for Requesting a Bursary |
| Why are you requesting a bursary? (Maximum 200 words) |
| |
| Section 9: Student Reason(s) for Staying in the Province of Quebec to Practice |
| Why do you want to stay in the province of Quebec to practice? (Maximum 200 words) |

| Section 10: How will the Bursary Help Achieve the Goal of Staying in the Province of Quebec to Practice |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Please explain how this bursary will help you achieve your goal of staying in Quebec to work as a Speech-Language Pathologist: (<i>Maximum 200 words</i>) |
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| Section 11: Experiences Working or Living in a Quebec Region Outside of Montreal (If Any) |
| Please describe any past experiences you may have had working or living in community outside of Montreal: (Maximum 200 words) |
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| Section 12: Would You Agree to Work in a Quebec Region other than Montreal? |
| Please explain your reasons why or why not: (Maximum 100 words) |
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| Section 13: Interest in Doing a Clinical Practicum in a Quebec based Institution (Montreal and Other Quebec Regions) |
| If clinical practica are a requirement of your program of study, on a scale of 1 to 5, with 1 being the most likely, will you request one in a Quebec-based institution? |
| If a clinical practicum is available in Montreal and other Quebec regions, on a scale of 1 to 5 with 1 being the most likely, how likely would you be to accept it? |
| |

Student's Name:

Application Form for SLP Student Bursary Program

Signature

Name

Date (yyyy/mm/dd)