

## SPEECH-LANGUAGE PATHOLOGY STUDENT BURSARY PROGRAM

## 2022-2023 ACADEMIC YEAR

### FORM 2: REFERENCE 1

REFERENCES MUST BE SUBMITTED TO THE SCHOOL OF COMMUNICATION SCIENCES AND DISORDERS BY NOVEMBER 7, 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 <u>ADOBE WEBSITE</u>. IT IS AVAILABLE FOR WINDOWS, MAC AND ANDROID DEVICES.

> TITLE PAGE TO BE COMPLETED BY THE STUDENT SECTIONS 2 TO 4 TO BE COMPLETED BY THE REFERENCE PROVIDER

**APPLICATION SPONSORED BY:** 

McGill School of Communication Sciences and Disorders

FOR:

PROGRAM OF STUDY:

Name of Program

Name of Student

SUBMITTED ON:

(yyyy/mm/dd)

Dialogue McGill funded this program thanks to a financial contribution by Health Canada. Ce document est disponible aussi en francais : https://mcgill.ca/dialoguemcgill/fr/forms/

#### **INSTRUCTIONS FOR STUDENT**

INSTRUCTIONS FOR REFERENCE PROVIDER FOR THE STUDENT

#### Section 1: McGill SCSD Contact Information

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

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

Name of reference prov	ider:			
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)

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 Speech Language Pathologist (Maximum 200 words)

Do you recommend this candidate for a bursary award?

YES without reservation

□ YES with reservation but I feel that the student should be given a chance, because:

Why is the student a good candidate for the SLP Student Bursary Program? (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

Signature

Date (yyyy/mm/dd)

The reference provider has an option to sign the form electronically, save the form and send it by email to the contact person at the McGill School of Communications Sciences and Disorders identified in Section 1 of this form.

The reference provider can also print the form, sign it, scan it and send it by email to the contact person at the McGill School of Communications Sciences and Disorders.