

Student Name:

Application Form for:



McGill

Dialogue McGill

**HEALTH AND SOCIAL SERVICES
COMMUNITY NETWORK BURSARY PROGRAM
2024-2025 ACADEMIC YEAR**

FORM 2: COMMUNITY REFERENCE

**REFERENCES MUST BE SUBMITTED TO THE COMMUNITY NETWORK BY
May 7th , 2024**

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.dialoguemcgill.ca/fr/programme-bourse-reseaux-communautaires>

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 this candidate 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.