Student Name: Application Form for:

HEALTH AND SOCIAL SERVICES
COMMUNITY NETWORK BURSARY PROGRAM
2026-2027 ACADEMIC YEAR

FORM 2: COMMUNITY REFERENCE

REFERENCES MUST BE SUBMITTED TO THE COMMUNITY NETWORK BY
May 7th , 2026

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

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)

Health and Social Services Community Network Bursary Program: 2026-2027 Academic Year
Students are uniquely responsible for ensuring that any Dialogue McGill awarded bursary does not conflict with the requirements of bursaries awarded from another funding source or organization. We recommend that students communicate with their funding sponsors to clarify any potential conflicts.

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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.

Dialogue McGill | 🇨🇦 Health Santé
Canada Canada

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