

Application Form for: _____

Student's Name: _____



McGill

Dialogue McGill

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

FORM 3: COMMUNITY NETWORK RECOMMENDATION

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.

| IMPORTANT DATES FOR BURSARY APPLICATIONS | | |
|---|---|---|
| Deadline for students to submit application forms to community networks May 7, 2024 | Deadline for community networks to submit application to Dialogue McGill June 4, 2024 | Decisions rendered by Dialogue McGill July 23, 2024 |

APPLICATION FOR:

Bursary Type

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)

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>

TO BE COMPLETED BY THE CONTACT PERSON AT THE COMMUNITY NETWORK
 The community network must submit this signed and dated form to Dialogue McGill. Please add the student's name in the header.

Section 1: Program Applicant

Student's name: _____ Region: _____

Priority Ranking: 1st 2nd 3rd 4th 5th 6th Has this student been awarded a Dialogue McGill Community Network Bursary before? Yes No
 If **yes**, which year(s): _____

If the student has been awarded 3 times or more, please specify the reason for recommending them:

Section 2: Community Network Contact Person

Name of community network: _____

Name of contact person: _____ E-mail address: _____

Section 3: Description of Bursary Program Promotional Activity

How did you promote the Bursary Program call for applications? CISSS / CIUSSS Community center
 Community network Educational institution E-mail Family Friend Internet
 Dialogue McGill website Newspaper Social Media Television Other

If other, please specify: _____

Section 4: Priority Service Areas

Have certain priority areas been identified for your region by the MSSS or the CISSS/CIUSSS?

If so, what are they?

| Priority Service Areas | Information Source(s) |
|------------------------|-----------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

Have priority service areas been identified that are specific to the English-speaking population?

If so, what are they?

| Priority Service Areas | Information Source(s) |
|------------------------|-----------------------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |

Is the applicant studying in a field that can potentially address any of the above listed priority service areas?

Yes No

If no, please explain why you are recommending the candidate.

Section 5: Recommendation

Why are you recommending this particular student for the Bursary Program? (Maximum 200 words)

Section 6: Checklist of Supporting Documents

Student Application

Community Reference 1

Community Reference 2

Section 7: Community Network Declaration

I declare that:

- the information provided in this application is accurate and complete;
- this application is sponsored by the COMMUNITY NETWORK named in Section 2 of this form;
- this application was submitted to the Bursary Selection Committee and was chosen by the members to be forwarded to Dialogue McGill for approval;
- said COMMUNITY NETWORK is responsible, if the Bursary Program application is approved, for receiving an allocation from the McGill Project and distributing bursary payments to the Bursary Program Recipient;
- said COMMUNITY NETWORK commits, if the Bursary Program application is approved, to conforming to the Payment Modalities listed on Page 10 of the Bursary Guide and to the Community Networks Responsibilities listed on Page 24.
- said COMMUNITY NETWORK commits, if the Bursary Program application is approved, to ensuring a Bursary Recipient contract is signed with the recipient outlining obligations pre and post-graduation as well as default procedures;
- said COMMUNITY NETWORK agrees, given approval of the Bursary Program application and financial assistance, to monitor the recipients file and their adherence to commitments outlined in the Recipient Responsibilities and in the Bursary Recipient contract;
- said COMMUNITY NETWORK agrees, in case of default, to inform Dialogue McGill in writing, submit a repayment plan for preapproval, sign the repayment agreement with the student and inform Dialogue McGill when the terms of the repayment plan have been met;
- said COMMUNITY NETWORK agrees, if applicable, to process reimbursements owing from the recipient in case of default;
- said COMMUNITY NETWORK agrees, given approval of the Bursary Program application and financial assistance, to supply information on relevant financial statements, as well as the necessary follow-up evaluation and reporting data;
- said COMMUNITY NETWORK agrees, given approval of the Bursary Program application and financial assistance, to keep the financial documents and other bursary-related documents on file for six years.

Name

Signature

Date (yyyy/mm/dd)

NOTE: Please print this form to PDF and then insert your e-signature, or print the form and sign by hand.

Dialogue McGill



Health
Canada

Santé
Canada

Health and Social Services Community Network Bursary Program: 2024-2025 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.