

## McGILL PROFESSIONAL SCHOOLS TARGETED STUDENT BURSARY PROGRAM 2023-2024 ACADEMIC YEAR

**FORM 2: REFERENCE** 

## REFERENCES MUST BE SUBMITTED TO THE APPROPRIATE PROFESSIONAL SCHOOL BY NOVEMBER 28, 2023

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 TO BE COMPLETED BY THE STUDENTS SECTIONS 2 TO 4 TO BE COMPLETED BY THE REFERENCE PROVIDER

APPLICATION SPONSORED BY:		
	Name of School	
FOR:		
	Name of Student	
PROGRAM OF STUDY:		
	Name of Program	
SUBMITTED ON:		
	(yyyy/mm/dd)	

Application Form for McGill Prof	essional Schools Targeted Student Bursary	Student's Name:				
Ž INSTRUCTIONS FOR THE	STUDENT					
Ž INSTRUCTIONS FOR THE REFERENCE PROVIDER FOR THE STUDENT						
Section 1: McGill Professional School Contact Information						
Contact person:	E-1	E-mail address:				
Tel. number:						
Section 2: Information	on Reference Provider (to be	completed by the provider)				
		T'01				
Name of organization: ——		Title:				
Municipality:	Province:	Postal Code:				
Cell. number:	Tel. number:	E-mail address:				
Section 3: Student (to be completed b	nterest in Staying in the Provi y the provider)	nce of Quebec to Practice				
How long have you known	he student?					
Please describe your relation	nship to the student: (Maximum 30 wo	rds)				

Please explain how this bursary will help the student's goal of practicing in Quebec as a health and social services provider (Maximum 200 words)

Application Form for McGill Profession	onal Schools Targeted Student Bursary	Student's Name:	
Do you recommend this candid	late for a bursary award?		
$\square$ YES, without reservation	$\square$ YES, with reservation but	l feel that the student shou	ıld be given a chance, because:
Why is the student a good cand	lidate for the Professional School	s Targeted Student Bursa	ry Program? (Maximum 200 words,
Section 4: Declaration by	the Reference Provider		
I declare that:			
	ovided in this form is accurate and	d 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 relevant McGill Professional School 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 relevant McGill Professional School.