



**McGill**

**Dialogue McGill**

Better Communication for Better Care | Mieux communiquer pour mieux soigner

# SPEECH-LANGUAGE PATHOLOGY STUDENT BURSARY PROGRAM 2023-2024 ACADEMIC YEAR

## FORM 1: STUDENT APPLICATION

THE DEADLINE FOR STUDENTS TO SUBMIT THIS APPLICATION FORM TO THE MCGILL SCHOOL  
OF COMMUNICATION SCIENCES AND DISORDERS IS NOVEMBER 28, 2023

BEFORE FILLING OUT THIS APPLICATION READ [THE GUIDE](#)

NOTE: PLEASE DOWNLOAD THIS FORM, OPEN IT AND FILL IT ON OUT 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.

APPLICATION SPONSORED BY:

\_\_\_\_\_  
McGill School of Communication Sciences and Disorders

FOR:

\_\_\_\_\_  
Name of Student

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/slp-bursaries>

## SLP STUDENT BURSARY APPLICATION

The student must submit this signed and dated form and supporting documents to the contact person at the McGill School of Communication Sciences and Disorders.

*The School of Communication Sciences and Disorders must submit the form to Dialogue McGill.*

### Section 1: Bursary Program Applicant

Last name: \_\_\_\_\_ First name: \_\_\_\_\_  
 McGill ID: \_\_\_\_\_ Sex:  Female  Male  Prefer not to respond  
 Gender identity:  Woman  Man  
 Other  Prefer not to respond

### Section 2: Contact Information

Mailing address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Is this your primary place of residence during your studies?  Yes  No

If no, please provide residential address during your studies:

Mailing address: \_\_\_\_\_  
 Municipality: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone 1: \_\_\_\_\_ E-mail address 1: \_\_\_\_\_ What is the best way to contact you?  
 Telephone 2: \_\_\_\_\_ E-mail address 2: \_\_\_\_\_  Telephone 1  Email 1  
 Telephone 2  Email 2  
 Please include two (2) email addresses.

### Section 3: Citizenship

Status of your citizenship:  Canadian Citizen  Permanent resident

### Section 4: Primary Residence in Selected Quebec Region

Quebec region where you reside / are from: \_\_\_\_\_  
 How long have you resided in this region? From: \_\_\_\_\_ Until: \_\_\_\_\_  
 (yyyy/mm/dd) (yyyy/mm/dd)

### Section 5: English and French Language Skills

*Click to view the description of Language Skills*

Using the above level descriptions, how would you rate your language proficiency in English and French:

|         | <u>To understand</u> | <u>To speak</u> | <u>To read</u> | <u>To write</u> |
|---------|----------------------|-----------------|----------------|-----------------|
| English | _____                | _____           | _____          | _____           |
| French  | _____                | _____           | _____          | _____           |

## Secondary School Certificate

Did you obtain a Secondary School Certificate in Quebec?  Yes  No

Year obtained? \_\_\_\_\_

## Section 6: Program of Study Timeline

---

Date (yyyy/mm/dd) of entry into program: \_\_\_\_\_

Date (yyyy/mm/dd) of expected completion of program: \_\_\_\_\_

Year of enrolment in program as of January 2024:  1<sup>st</sup>  2<sup>nd</sup>

## Section 7: Knowledge of Bursary Program

---

How did you find out about the Bursary Program?  SCSD  Dialogue McGill website  Social Media

Family  Educational institution  Community center  Community network  E-mail

Friend  Internet  Newspaper  Television  Other

If other, please specify: \_\_\_\_\_

## Section 8: Reason(s) for Requesting a Bursary

---

Why are you requesting a bursary? (*Maximum 200 words*)

## Section 9: Student Reason(s) for Staying in the Province of Quebec to Practice

---

Why do you want to stay in the province of Quebec to practice? (*Maximum 200 words*)

## Section 10: How will the Bursary Help Achieve the Goal of Staying in the Province of Quebec to Practice

---

Please explain how this bursary will help you achieve your goal of staying in Quebec to work as a Speech-Language Pathologist: *(Maximum 200 words)*

## Section 11: Experiences Working or Living in a Quebec Region Outside of Montreal (If Any)

---

Please describe any past experiences that you may have had working or living in a community outside of Montreal: *(Maximum 200 words)*

## Section 12: Would You Agree to Work in a Quebec Region other than Montreal?

---

Please explain your reasons why or why not: *(Maximum 200 words)*

## Section 13: Interest in Doing a Clinical Practicum in a Quebec based Institution (Montreal and Other Quebec Regions)

---

If clinical practica are a requirement of your program of study, on a scale of 1 to 5 with 5 being the most likely, **will you be interest in being in a clinical practicum in a public institution in Quebec?**

If a clinical practicum is available in a remote Quebec region, on a scale of 1 to 5 with 5 being the most likely, **how likely would you be to accept it?**

**Please list potential public health and social services institutions that you would likely apply to post-graduation:** List for reference: <https://m02.pub.msss.rtss.qc.ca/>

## Section 14: Checklist of Supporting Documents to Submit

---

### Mandatory for all applicants

Please submit the following required documents with this application form:

- Your most recent Curriculum Vitae
- Your most recent Academic Transcript

**Two reference providers: You must provide two references that are submitted directly to the McGill School of Communication Sciences and Disorders.**

\_\_\_\_\_  
Name of Reference 1

\_\_\_\_\_  
Name of Reference 2

## Section 15: Student Declaration

---

**I do hereby consent that the information contained in my Speech-Language Pathology Student Bursary application be transmitted from the School of Communication Sciences and Disorders to Dialogue McGill for the purpose of evaluating this application.**

**I declare that:**

- The information that I have provided in this application and supporting documents is accurate and complete.
- I will advise Dialogue McGill and the School of Communication Sciences and Disorders of any change in my contact information.
- I commit, if awarded a bursary, to staying in the province of Quebec following the successful completion of studies to work as a Speech-Language Pathologist in a public health and social service institution or related organization for a minimum of one year of full time work per bursary or the equivalent in hours of one year of full time work.
- I agree, if awarded a bursary, to conform to the *SLP Student Bursary Program Recipient Responsibilities* posted on the Dialogue McGill website <https://www.dialoguemcgill.ca/en/slp-bursaries>
- If I drop out of the agreed upon program of study or if I default on my commitment in any other way, I agree to report in writing to Dialogue McGill and the School of Communication Sciences and Disorders and to reimburse within three years following the date I dropped out any money I will have received.
- If I default on my commitment either by not working or ceasing to work as a Speech-Language Pathologist in the province of Quebec, I agree to reimburse Dialogue McGill within three years following the date I graduated, the amount of the bursary prorated for the remaining period.
- If I default on my commitment by not working or ceasing to work as a Speech-Language Pathologist in the province of Quebec, I agree to reimburse Dialogue McGill the bursary amount received, within three years of graduating from my program of study.
- If awarded a bursary, I grant the School of Communication Sciences and Disorders and Dialogue McGill permission to disseminate for promotional purposes, my curriculum vitae and information about the bursary awarded.
- If awarded a bursary, I agree to allow my contact information to be entered into a database of health and social services professionals able to provide healthcare services in English that can be distributed to health and social services institutions.
- I agree, upon completion of studies, to participate in any formal follow-up monitoring or evaluation of the Program conducted by Dialogue McGill.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (yyyy/mm/dd)