

2010/2011 SKILLS LINK PROJECT APPLICATION FORM

Name of Applicant _____
(Please print full name)

Address _____
(Give full address including postal code)

Phone Numbers _____

Age _____ Date of Birth _____ SIN _____

Answer the following questions:

Are you a Canadian Citizen? YES NO Do you live with your parents? YES NO

Are you attending school? YES NO If YES: Full Time Part Time

If NO, please describe major obstacles preventing you continuing your education:

Are you employed? YES NO If Yes: Full Time Part Time

If No, please describe major obstacles preventing you from getting a job:

How do you think this project will help you? (if you need more space use back of this page)

Date: _____

Signature: _____