

2008/2009 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: _____