## **Application Form**

## THE **WSÁNEĆ** SCHOOL BOARD AWARD FOR CAMOSUN COLLEGE STUDENTS

Name:	 
Mailing Address	 
Postal Code:	
Phone:	
E-Mail:	
Social Insurance Number	
Student Number	
Program	 
Length of Program	
Month/year of entry	
Estimated completion date	
Employment Goal	 
Saanich Community	 

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## Permission Slip

I, _	(name) give permission to the Camosun	
	College Aboriginal Education and Community Connections office to check	
	computerized records of my Camosun College grades.	

Signature

Date

- Please attach a letter that describes your education and employment goals, and how they will benefit your community.
- Please attach a letter or letters of reference from non-family members of your community, or from an instructor or education support worker.

## ATTACHMENTS

Have you included: Complete application form Permission slip to check records Letter(s) of reference Self-written letter

Yes	No
Yes	No
Yes	No
Yes	No