



# DUMONT TECHNICAL INSTITUTE INC.

917-22<sup>nd</sup> Street West, SASKATOON, Saskatchewan, S7M 0R9

Phone: 306-242-6070 Fax: 306-242-0002

## STUDENT APPLICATION FORM



### PERSONAL (all information on this form will be kept confidential)

Name: \_\_\_\_\_

Social Insurance #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Provincial Health #: \_\_\_\_\_ month day year

#### Please indicate if you are:

Métis (MNS Local – Name and Number): \_\_\_\_\_

Status Indian     Non-status Indian     Other

#### CURRENT ADDRESS:

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### PERMANENT ADDRESS:

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

#### NEXT OF KIN (To contact in case of emergency – someone not living with you):

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

### PROGRAM INFORMATION

1. What program are you applying for? \_\_\_\_\_ Location \_\_\_\_\_
2. Do you hold the required prerequisites for entry into this program?  Yes  No
3. Have you discussed your application with a staff member or counselor?  Yes  No

### PRESENT EMPLOYMENT STATUS

1. Are you receiving or eligible to receive E.I. Benefits?  Yes  No

Have you been on, or eligible for, E.I. Benefits within the last 3-5 years?

Yes  No    If yes, when? \_\_\_\_\_

Are you receiving Social Assistance?

Yes  No \_\_\_\_\_

2. Are you currently employed?  Yes  No    If yes:

For how long? \_\_\_\_\_  Full-time  Part-time

Job Title: \_\_\_\_\_ Business name: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

COMPANY	LOCATION	JOB TITLE(S)	DATES EMPLOYED From/To

**EDUCATION HISTORY (start with most recent education)**

School Attended	Location	Dates Attended	Highest Grade Completed	Other Accreditation

*An original transcript of high school marks must be attached if you are applying for a post-secondary technical training program. Transcript enclosed:  Yes  No*

On a separate piece of paper, please provide a one-page handwritten statement indicating your reasons for applying and other information you may wish to add. **Your application will be considered incomplete if this document is not attached.**

**OTHER**

1. Will you be sponsored for this course or program?  Yes  No
2. If yes, which agency will sponsor you? \_\_\_\_\_
3. Are you applying for a student loan?  Yes  No
4. Are you applying for Provincial Training Allowance (PTA)?  Yes  No

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date received:	Accepted:	Referred:
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