

Students in Business (SIB)

Application Form



PERSONAL INFORMATION

| | | | | | | | |
|---------------------------|--|-------|----------------|------|-------------|---------------|------------|
| Last Name | | First | | M.I. | | Date of Birth | MM/DD/YYYY |
| Current Mailing Address | | | | Sex | | SIN | |
| City | | | Prov. | | Postal Code | | |
| Phone # | | | E-mail Address | | | | |
| Permanent Mailing Address | | | | | | | |
| City | | | Prov. | | Postal Code | | |
| Permanent Phone | | | | | | | |

BUSINESS INFORMATION

| | | | | | | | |
|--|--|---------------------------------------|--|---------------------------------------|--------------------------------------|--------------------------------|--|
| Business Name (If known) | | | | | | | |
| Business Address (if different than above) | | | | | | | |
| Business Sector | Service <input type="checkbox"/> | Retail <input type="checkbox"/> | Manufacturing <input type="checkbox"/> | ICT <input type="checkbox"/> | Agriculture <input type="checkbox"/> | Other <input type="checkbox"/> | |
| Business Type | Sole Proprietorship <input type="checkbox"/> | Partnership* <input type="checkbox"/> | Corporation <input type="checkbox"/> | Co-operative <input type="checkbox"/> | | | |

*Please enclose a copy of the partnership agreement (each partner must fill out a separate SIB Application Form)

Briefly describe your business:

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IDENTIFICATION OF PARENTS/GUARDIANS

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|------------------|--|-------|--|--------|--|
| Mother's Name | | Phone | | E-mail | |
| Mother's Address | | | | | |
| Father's Name | | Phone | | E-mail | |
| Father's Address | | | | | |

EDUCATION

| | | | | | | | | |
|--|------|----|------|------------------------------|------------------------------|-----------------------------|----------------|--|
| Type of School | | | | Location | | | Field of Study | |
| From | Year | To | Year | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| Type of School | | | | Location | | | Field of Study | |
| From | Year | To | Year | Did you graduate? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree | |
| Are you returning to school full-time this fall? | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If Yes, Where? | | |

Please attach a copy of your resume to this application.

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|---|------------------------------|-----------------------------|--|
| *Are you a member of a Visible Minority (if yes please specify)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| *Are you a member of an Aboriginal group (if yes please specify)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | |
| *The information that you provide will be used in compiling statistics on the Students in Business Program. Your response is voluntary and is protected under the <i>Privacy Act</i> . You have the right to review and correct information about yourself and can be assured that it will not be used for unauthorized purposes. | | | |
| CO-SIGNOR INFORMATION | | | |
| If you are under 19 years of age, you must identify a Parent or Guardian who consents to your participation in the Students in Business Initiative. | | | |
| Full Name | | Relationship | |
| Mailing Address | | SIN | |

Your signature below indicates your agreement to allow the Delivery Agent to access and provide personal credit information to credit bureaus and other financial institutions as deemed appropriate under current provincial legislation governing privacy and gives your consent for your ward to participate in the Students in Business Initiative.

I certify that I give the Applicant permission to participate in the Students in Business Initiative.

Signature

Date

Applicant's Signature

Signature

Date