



Student Incentive Program Application Form

IF YOU ARE SELECTED FOR THIS INCENTIVE PROGRAM, YOU WILL RECEIVE A FOUR-MONTH PAID OPPORTUNITY AS WELL AS \$2,000.

Note: All applications must include résumé, official university transcript, and a one page letter detailing your professional aspirations.

Date of Application: _____ **Your preference is:** Co-op Summer

Your office/location preference: _____

Name: _____
Last First Initial

Address: _____ **Phone:** _____
Street Apt. Daytime
City/town Evening
Province/State
Postal/Zip Code

Languages: English: Spoken Written
French: Spoken Written
Other: Spoken Written

Travel: Valid Driver's license: yes no
Available to Travel: yes no

Education:

Attending University _____ Date of Enrollment _____

Educational Studies (Science or Engineering Program) _____ Date of Completion _____

Discipline (if any) _____ Grade Point Average in May of last academic year _____

Scholastic References (2):

Name	Title	Phone No.
_____	_____	_____
_____	_____	_____

Signature: _____ **Deadline Date:** _____