

# shíshálh Nation Education, Training & Post-Secondary Department



shíshálh Nation

## Summer Student Program – Application (2020)

Applicant Information	
Full Name:	
Date of Birth (mm/dd/yyyy):	Phone:
Email address:	
Emergency Contact Information	
Name:	Phone:
Relationship to applicant:	

What department and position are you interested in working this summer?		
1 <sup>st</sup> choice	2 <sup>nd</sup> choice	3 <sup>rd</sup> choice
Department:	Department:	Department:
Position:	Position:	Position:
Are you interested in working at a business outside of the shíshálh Nation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
If yes, do you have a specific business that you want to work for?		

Previous Summer Student Experience	
Have you worked as a Summer Student before	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, how many years have you worked as a Summer Student?	
Which areas have you worked in?	

Education	
Have you been attending school in the previous academic year? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Will you be returning to school in September 2020 <input type="checkbox"/> YES <input type="checkbox"/> NO	
Secondary Students	Post-Secondary Students
What grade are you going in to? <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	What year will you be going into? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Graduate level

Have you attached a resume and cover letter?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Updated May 28, 2020