

APPLICATION - ABORIGINAL YOUTH SPONSORSHIP PROGRAM

Last Name		First Name	
Address			
City		Province	Postal Code
Phone	Fax	Email	
Name of University or College			
Program of Study			Year of Study
Briefly Describe Your Career Goals			
Why Would You Like to Attend this Conference?			
How Will This Conference Contribute to Your Professional and Educational Goals?			
*Additional Comments		*Band Name, Chief and/or Leader's Name and his/her Contact Info	

*Optional Information