

# ADAM BEACH | FILM



## Adam Beach Film Institute, Inc. Course/Program Application

### KNOW BEFORE YOU APPLY

Applicants must meet all ABFI and course admission requirements:

1. Successful completion of Grade 12 or equivalent
2. Be at least 18 years of age and or a mature student (Over 21)

The ABFI does its best to update application and course information regularly so applicants are not inconvenienced. However, on occasion, changes do occur. The ABFI reserves the right to modify or cancel any course, process, or procedure without notice or prejudice. Fees may change without notice.

### HOW TO APPLY

**By Mail or Drop off in Person**, Please submit the following:

Application form

Your official transcript (s) as well as any other identified admissions requirement documentation.

## Academic Plan

\_\_\_\_\_  
Name of Course/Program

\_\_\_\_\_  
Course Location

\_\_\_\_\_  
Course Start Date

Are You Applying For Re-admission? You are applying for re-admission if you are requesting re-entry to a course you were previously admitted to:

Yes  No

**Requests for start date changes** – the course start date you apply to is estimated. We cannot guarantee admittance into the advertised program start date. Therefore, you may be offered admittance into an earlier or later course start date. You may request a change in course start date prior to ABFI offering you admittance into a course start date. Once you have been offered admittance into the course start date, requests for changes will not be accepted.

### ENSURE YOUR PERSONAL INFORMATION IS KEPT UP-TO-DATE

As an applicant it is your responsibility to notify ABFI of changes to your personal information including your name, address, phone number and e-mail address.

### ABFI communication returned as undeliverable will result in your application being cancelled.

Personal information collected during the application process will be used by ABFI and CAHRD for admission and registration purposes. It is collected in compliance with The Freedom of Information and Protection of Privacy Act and the Personal Health Information Act.

### Submit/Mail your Application to:

### Centre For Aboriginal Human Resource Development

304-181 Higgins Avenue, Winnipeg, MB R3B 3G1

Attn: ABFI Skills Link Program

If you have any questions, please

Email us:

**abfilminstitute@gmail.com**

WWW.ADAMBEACHFILMINSTITUTE.CA



Applicant and student information cannot be provided to anyone other than the applicant/student unless the applicant/student has provided written consent to ABFI and CAHRD.

**NAME**

Your name will appear on your transcript as indicated here.

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

If the name listed on the official transcripts you plan to submit to ABFI does not match your current name, or if you have legally changed your, you will be required to **provide proof of name change within 30 days of applying.**

Official documents accepted as proof of name change include Manitoba Vital Statistics or other government issued Certificate of Marriage or Certificate Change of Name, provided the document references both your previous name and current name.

Upon request, your original documents will be returned to you.

\_\_\_\_\_  
Previous First Name

\_\_\_\_\_  
Previous Last Name

**SOCIAL INSURANCE NUMBER**

Your Social Insurance Number will be used to produce your T2202A Tuition and Education Credit Certificate.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**BIRTHDATE**

(DD/MM/YYYY)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Are you Currently on Employment Insurance (E.I.)?**

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

**ADDRESS**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Province/State

\_\_\_\_\_  
Postal/Zip Code

**CONTACT INFORMATION**

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
E-mail Address (required)

\_\_\_\_\_  
Emergency contact – First Name Last Name

\_\_\_\_\_  
Emergency Contact – Daytime Phone

Are you Living On or Off Reserve? \_\_\_\_\_

**STATEMENT OF INTENT**

What are your intentions of taking this course with the Adam Beach Film Institute, please indicate your short & long term goals, etc.

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## EDUCATION BACKGROUND

### High School

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
City Province

\_\_\_\_\_  
Country

Graduated (Yes/No) \_\_\_\_\_

Highest Grade Completed? \_\_\_\_\_

What year did you graduate? \_\_\_\_\_

### College/University Attended

\_\_\_\_\_  
Name

\_\_\_\_\_  
City Province

\_\_\_\_\_  
Country

\_\_\_\_\_  
Date Attended From Date Attended To

Graduated (Yes/No) \_\_\_\_\_

Degree Type: \_\_\_\_\_

Degree Date: \_\_\_\_\_

Type of Funding Provided: \_\_\_\_\_

If you have received sponsorship in the past, please provide your sponsor's contact details (if available).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OTHER INFORMATION

### Are you a Canadian Citizen?

You may be required to provide proof of Canadian citizenship.

Yes  No

### What Is Your First Language?

Your first language is the language you first learned in childhood?

English  French  Other

### What Is Your Primary Language?

Your primary language is the language you know best and are most comfortable with and primarily use for reading, writing, listening and speaking.

English  French  Other

### Band Treaty Information (Treaty Number)

Treaty # \_\_\_\_\_ Band: \_\_\_\_\_

### What Was Your Main Activity In The Last Year?

- Attended College
- Attended High School
- Attended University
- Employed
- Not Employed
- Other

### What Influenced You To Apply to ABFI?

- Academic Advisor
- Career Fair
- Employer/Industry
- Friend
- Guidance Counsellor
- High School Presentation
- High School Teacher
- Newspaper
- Other -  Parent  Website
- Print Materials  ABFI Staff
- Television