Student Partnering Program
ColasCanada
STUDENT OBJECTIVES

"Ability is nothing without opportunity"

APPLICATION

NAME: _____

ADDRESS: _____

CITY: _____ PROV: _____ P.C.: _____

TEL NO: ( ) _____ DATE OF BIRTH: _____

EDUCATION

PRESENTLY ATTENDING: _____

PROGRAM: _____

IF YOU ARE PRESENTLY ATTENDING UNIVERSITY OR COLLEGE PLEASE PROVIDE THE FOLLOWING (and attach transcripts with application):

DATE YOU STARTED IN THIS PROGRAM: _____

PROGRAM DURATION: _____

EXPECTED DATE OF COMPLETION: _____

IF YOU ARE ATTENDING HIGH SCHOOL, PLEASE PROVIDE THE FOLLOWING:

POST SECONDARY PROGRAM INTENDING TO REGISTER IN:

_____

INSTITUTION: _____

PROGRAM DURATION: _____

WHEN YOU WILL START: _____

CAREER

INFORM US OF YOUR CAREER PLAN AND GOALS.

HOW DID YOU CHOOSE THIS CAREER?

WHAT DO YOU EXPECT FROM IT?

IN WHAT INDUSTRY WOULD YOU LIKE TO WORK?

WHAT ARE THE ASSETS YOU HAVE THAT WILL MAKE YOU SUCCEED?

GENERAL INTERESTS

HELP US GET TO KNOW YOU BETTER

DESCRIBE YOURSELF AND SHARE YOUR INTERESTS, OTHER THAN THOSE DIRECTLY RELATED TO YOUR CAREER.

PARTNERING

What would you want to get from this partnering program?

What can you bring to our Organization?