

Date: _____

APPLICATION FORM			
Applicant Name:		Birthdate (MM/DD/YY):	
Contact Person:			
Contact's Role (e.g. parent, advocate, school staff, support worker, etc.):			
Address:			
Street Address			Apartment/Unit #
City		Province	Postal Code
Home Phone:	()	Alternate Phone:	()
E-mail Address:			
CLBC Facilitator:			

POST-SECONDARY INFORMATION			
Lower Mainland:	<input type="checkbox"/> UBC (Vancouver)	<input type="checkbox"/> Emily Carr	<input type="checkbox"/> SFU <input type="checkbox"/> TWU
Okanagan:	<input type="checkbox"/> UBCO (Okanagan)	<input type="checkbox"/> NVIT (Merritt)	
Vancouver Island:	<input type="checkbox"/> UVic	<input type="checkbox"/> VIU	
Other (please specify):			
What do you think you might want to study?			
Anticipated Start Date:			

EDUCATIONAL HISTORY
High School Attended:
City/Province:
Last Grade Attended:
Favourite Courses or Activities in High School:

Top 3 areas of study you are most interested in studying at college/university:
1.
2.
3.
Hobbies or interests that you would like support in doing on/off campus:
Any other information you would like us to know about you:

Please return your completed application form to STEPS Forward by email to:

info@steps-forward.org

Local regional inclusive post-secondary campus contacts are listed on our website at:

www.BC-IPSE.org

Current openings:

www.BC-IPSE.org/student-openings1.html