ZZ SHALV SA

Cree Nation of Washaw Sibi 22, rue Principale Nord - Suite 201 Amos Quebec J9T 2K6

Tel: 819-732-9409 Fax: 819-732-9635

SUMMER STUDENT APPLICATION FORM Deadline: Friday, May 31, 2024

	F	PERSONAL I	NFORMA [*]	TION				
First Name	Last Name							
Address:						Beneficiary #	‡	
Home Phone	Phone Mobile Ph			Email				
		EDUC	CATION					
High School Attended		Location	Location		Last Level Completed			
Vocational Training Institute Attended		Location	Location			Graduated? Yes/No		
College Attended		Location	Location			Graduated? Yes/No		
University Attended		Location	Location			Graduated? Yes/No		
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	WORK EX	KPERIENCE	& CAREE	R INTERE	STS			
Tell us more about your	work experience a	and your career	interests. If y	ou need mo	ore space, use	the back of	the form.	
Are you curre	o return to sch	eturn to school in the Fall of 2024?			Yes	No		
Signature Date								