

# Aboriginal Multi-media Arts Program

## Cunningham Communications

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Edmonton, Alberta T6C 0R9  
Phone: 780-413-6541 or 780-965-6542  
email: palmerrj@shaw.ca  
website: www.cunninghamcom.ca

NAIT Campus  
10240 Princess Elizabeth Avenue  
Edmonton, Alberta T5G 3K4

Date of Application

Social Insurance Number

Applicant's Name

Age

Current Address

Birth Date:

Phone Number

Cell Phone Number

M

F

Metis?

Status?

email address

Alternate Address

Alternate Phone Number

Emergency Contact Name and Number

Please list at least two previous employers.

Name & Address of Company or Organization:

Name & Address of Company or Organization:

Position Held:

Position Held:

Supervisor's Name & Phone Number:

Supervisor's Name & Phone Number:

Education

High School Attended:

Grade Level of English Completed:

Last Grade Completed:

Related Multi-media Classes

Please use the back side of this page (or attach a separate page) to write a letter explaining why you think you would be a good candidate for this program. **COMPLETE BACK OF FORM**

Please list, in detail, any factors which would affect your ability to fully participate in and complete this program. Include medical conditions or health issues, family responsibilities, legal situations, housing or transportation issues, and any thing else you think might be important.

**This information will not be used to screen you out of the program but to assist us in making it possible for you to attend.**

Have you received Employment Insurance or applied for Employment Insurance within the last 3 years?

Provide names and phone numbers of 3 people, (not family members) who will vouch for your character:

I understand that punctual attendance in all classes, workshops, field trips and other program activities is mandatory and that I must provide a note from a medical doctor if I am absent for two or more days. I understand that unexplained absences or tardiness will result in my expulsion from the program.

I understand that there is a zero tolerance policy for drug and /or alcohol use, weapons, and threatening or aggressive behavior. I understand that violation of this policy will result in expulsion from the program.

I understand that I will be a registered NAIT student and that I must abide by the Student Behavior policies as stated in the NAIT Full-time Programs Calendar 2004/05.

My signature indicates that I have read and agreed to all the terms stated and that the information I have provided is true and accurate.

Signature:

Date:

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