



# APPLICATION FORM

Submit your completed application by:  
Email to: admissions@islandcareeracademy.ca  
Fax to: (902) 562-6175  
Mail to: 721 Alexandra Street  
Sydney, NS B1S 2H4

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET / P.O. BOX

\_\_\_\_\_  
CITY/TOWN PROVINCE POSTAL CODE

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DD / MM / YY SIN#: \_\_\_\_\_

NEXT OF KIN: \_\_\_\_\_ RELATIONSHIP TO YOU: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET/P.O. BOX

\_\_\_\_\_  
CITY/TOWN PROVINCE POSTAL CODE

NEXT OF KIN/EMERGENCY TELEPHONE: \_\_\_\_\_  
HOME WORK/CELL

## EDUCATIONAL BACKGROUND

*PLEASE USE THE APPROPRIATE SECTION A AND/OR B*

### A. HIGH SCHOOL

Last High School Attended: \_\_\_\_\_ Year \_\_\_\_\_

Graduated:  (Yes)  (No) Highest Level Completed: \_\_\_\_\_

If you answered **No** to the above, please indicate if you obtained any further academic upgrading:

\_\_\_\_\_

### B. OTHER COLLEGE/UNIVERSITY ATTENDED:

Program/Degree	College/University	Year	Completed/ Graduated (Y/N)
_____	_____	_____	_____
_____	_____	_____	_____

(Over)

**EMPLOYMENT BACKGROUND**

*Please provide the following detail for your last two (2) employers*

EMPLOYER	POSITION	PERIOD OF EMPLOYMENT
_____	_____	_____
_____	_____	_____

**ENROLLMENT INFORMATION**

PLEASE INDICATE THE PROGRAM IN WHICH YOU ARE ENROLLING: \_\_\_\_\_

PREFERRED STARTING PERIOD FOR THIS PROGRAM WOULD BE:      *EXAMPLE:* SEPTEMBER 2022

SEPTEMBER (ALL COURSES) \_\_\_\_\_      FEBRUARY (CCA ONLY) \_\_\_\_\_

**FUNDING INFORMATION**

PLEASE INDICATE WHETHER YOU INTEND TO APPLY OR HAVE MADE APPLICATION FOR ANY OF THE FOLLOWING SOURCES OF FINANCING:

CANADA STUDENT LOAN     EMPLOYMENT NOVA SCOTIA (EI FUNDING)     OTHER  \_\_\_\_\_

***PLEASE SPECIFY ANY MEDICAL CONDITION(S) WHICH WE SHOULD BE AWARE OF:*** \_\_\_\_\_

\_\_\_\_\_

***DO YOU WISH TO DECLARE YOURSELF A STUDENT WITH A PERMANENT DISABILITY?*** Yes  No

**REGISTRATION**

I, \_\_\_\_\_, UNDERSTAND AND AGREE TO THE NOTED:

I understand that this application does not guarantee acceptance into the College and that I must meet all other entrance requirements prior to acceptance.

I understand that there is a Registration Fee of \$100.00, which is non-refundable. If accepted, the registration fee will be applied to my tuition.

I will be required to complete a Student Contract upon Acceptance/Registration.

Upon Acceptance/Registration, I will provide to the College, a copy of my Grade 12 transcript of marks and/or copy of Grade 12 Diploma or equivalent.

Date of Application \_\_\_\_\_

***If the applicant is under of 19 years of age you require the consent of a parent or guardian to become a student of Island Career Academy for the upcoming year. Parent or guardian signature is required at the time of registration.***