



FOR OFFICE USE ONLY:  
DATE APPLICATION RECEIVED \_\_\_\_\_

**Application Form**

**PLEASE PRINT CLEARLY**

**Note:** All fields are mandatory. Incomplete applications will be returned to the applicant.

**Date:** \_\_\_\_\_

**Name: (last name)** \_\_\_\_\_ **(first and middle names)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

If you have no permanent address, please list the agency where you are staying: \_\_\_\_\_  
or where you can be contacted, or by whom: \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **Phone (night)** \_\_\_\_\_ **Email** \_\_\_\_\_

What is your preferred method of receiving correspondence? ( ) Email ( ) Canada Post

**Gender:** ( ) Male ( ) Female **Date of Birth:** \_\_\_\_\_

**Education:**

Highest grade you have completed \_\_\_\_\_ Are you currently in school? ( ) Yes ( ) No

If not, why did you stop going to school? \_\_\_\_\_  
\_\_\_\_\_

Have you ever attended university or community college? ( ) Yes ( ) No

If so, please indicate the years of attendance: From \_\_\_\_\_ To \_\_\_\_\_

If so, what programs/courses did you complete? \_\_\_\_\_  
\_\_\_\_\_

**Additional Information:**

Will you need bus fare to get to class? ( ) Yes ( ) No

Are you comfortable speaking and writing in English? ( ) Yes ( ) No

Can you commit to 5-7 hours per week of study - this includes 2 hours of class time on Friday afternoons and 1.5 hours of tutorial time on Wednesday evenings? ( ) Yes ( ) No

If possible, would you prefer to be in a tutorial group with individuals of your same gender? ( ) Yes ( ) No

Will you attend the meals provided prior to the tutorials? ( ) Yes ( ) No

If so, do you require a vegetarian meal? ( ) Yes ( ) No

Please indicate any food allergies. \_\_\_\_\_

How did you hear about Discovery University? \_\_\_\_\_

Can we tell others that you have applied for this course? ( ) Yes ( ) No

Is this your first time applying to Discovery University? ( ) Yes ( ) No

If not, how many Discovery University courses have you taken? \_\_\_\_\_

For statistical purposes, we are collecting data on our students' sources of income. If you are willing to share this information, please state your source of income in the space provided (e.g. Ontario Works, ODSP, pension, etc.).

**Written Statement:**

Please write one or two paragraphs explaining why you would like to be a student in Discovery University's (course name). Please note that this writing sample will be used to evaluate your literacy level as well your enthusiasm for the course material. Please write in the space below or submit your writing sample on a separate piece of paper and attach it to your application form.

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**Professional Reference:**

**If you have taken a Discovery University course before, you are not required to submit a professional reference. For new students, you must submit a professional reference.**

References must be a professional who knows you well, such as a counselor, agency supervisor, clergy, doctor or case worker. We understand that this information gives us permission to speak with your reference. Please let this person know that you have given us their name and permission to ask about you.

Name of reference: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Reference's relationship to you: \_\_\_\_\_

**Completed applications must be returned no later than \_\_\_\_\_ to:  
Discovery University, The Ottawa Mission, 35 Waller Street, Ottawa, ON K1N 7G4  
Tel: 613-234-1144 Ext. 296 Fax: 613-234-7588**

***The organizations involved in planning this program are committed to protecting your privacy and maintaining your confidentiality. The information collected will be used for statistical and evaluation purposes only.***