



Discovery University Summer Program Application

PLEASE PRINT CLEARLY

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

Date:

Name: (last name)

Name: (first and middle names)

Please select the course of interest:

Movie Club

Creative Arts - Which Session, 1 or 2?

Book Club

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):

E-mail:

Preferred method of contact: E-mail
Canada Post

Gender: Male
Female
Other

Date of Birth:

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

Are you comfortable in a group setting? Yes
No

Please indicate any food allergies:

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

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.

Reference Name:

Reference Phone #:

Reference Fax #:

Reference's Relationship to You:

Completed applications can be returned to:

Discovery University, The Ottawa Mission, 35 Waller St. Ottawa, ON K1N 7G4

OR

Email to: pnaylor@ottawamission.com

Tel: 613-914-4575 Fax: 613-234-2813

The Ottawa Mission is committed to protecting your privacy and maintaining your confidentiality. The information collected will be used for evaluation purposes only.