



WISE NL ABORIGINAL YOUTH CONFERENCE APPLICATION FORM

If you have any questions regarding the Conference, please direct them to:
Chelsea Morris, WISE Aboriginal Youth Conference Coordinator at:
youthconferences@wisnl.ca or (709) 638-3143

Applicant's Name:	Email:
Mailing Address:	Home Telephone: Alternate Telephone:
MCP #:	Date of Birth:
Name of School:	Town of School:
Are there any health issues or other information we should know about (ex. Allergies, Dietary constraints, Medications, Medical aids, Dependants etc.):	

WISE NL ABORIGINAL YOUTH CONFERENCE: Personal Statement

Please attach a (1-2 page) Personal Statement to help WISE NL understand why **YOU** are interested in the conference and careers in Science and Engineering. Include:

- Your interests
 - Possible Post Secondary Plans
- School or community activities that you are involved in
 - Any other information that you think may be useful

Please **DO NOT** attach a resumé. **Show us your personality!** 😊



**WISE NL ABORIGINAL YOUTH CONFERENCE
PARENT/GUARDIAN CONSENT FORM FOR CONFERENCE/
PHOTOGRAPHY, AUDIO-VISUAL RECORDINGS and INTERVIEWS**

For Parents/Guardians: By signing below you give consent for your child to apply to attend the WISE NL Aboriginal Youth Conference and that you are fully aware of and understand the WISE NL Aboriginal Youth Conference.

Applicant Name:	
Name of Parent/Guardian (Please Print):	Parent/Guardian Email:
Address:	Home Telephone: Work Telephone:
Alternate Emergency Contact Name: (cannot be parent/guardian)	
Relation to the Applicant:	Home Telephone: Work Telephone:

I authorize WISE NL to use:

- ❖ Photographs (both individual and group) in which my child may be identified by name.
- ❖ Sound recordings
- ❖ Interviews
- ❖ Printed material written by my child

For use in:

- ❖ Promotional initiatives (website, reports, other WISE NL programs, booklets, brochures for WISE NL and Memorial University of Newfoundland).
- ❖ Media releases (paper, newsletters, magazines, etc.)

I agree not to hold WISE NL responsible for the content of such photographs, sound recordings or interviews or the specific use to which they may be applied. I understand I have the right to refuse to grant this authorization now or to revoke authorization at any time. Compliance is voluntary. Consent remains valid until withdrawn.

- Please check here if you do **NOT** give consent for photography, audio-visual recordings and interviews.

Signature of Parent/Guardian: _____ **Date:** _____



Teacher's Reference

The completed Teacher's Reference must be either faxed or emailed directly to WISE NL from the teacher reference or other school representative at:

709-634-5594 or youthconferences@wisenl.ca

If you have any questions please do not hesitate to contact Chelsea Morris at: (709) 638-3143

References must be received by October 14th, 2014

Applicant's Name:	Current Grade Level:
Teacher's Name:	Email:
School Name & Location:	Phone #:

Please evaluate the applicant in terms of the characteristics given below. Your insights are very valuable to us, as they will help us determine if the applicant has an interest in pursuing a career in Science and Engineering. Check where the student fits best on each characteristic.

	Outstanding (Top 5%)	Above Average	Average	Below Average
Independence				
Ability to work with others				
Enthusiasm				
Maturity				
Ambition				
Self-Motivation				
Academic Ability				



Teacher's Reference

Please use additional pages if further space is required

How long and in what capacity have you known the applicant?

Please provide examples where you have seen this student portray interest in Science and Engineering inside and/or outside the classroom.

Please use the space below to provide any additional information that may help us in assessing this applicant.

Signature of Teacher: _____ Date: _____