

Summer Session'12

(May 7 – August 31, 2012)

Application Form

This form must be completed in full

Only mailed or hand-delivered applications will be accepted
FAXES ARE NOT ACCEPTED

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DEADLINE:

April 13, 2012

Organization Profile

Send Completed Applications to:

Energy Training Program for Students
NS Department of Energy
Bank of Montreal Building
5151 George Street, 3rd Floor
PO Box 2664
Halifax, NS B3J 3P7

Questions about the Program may be directed to:

Noor Subeh
Strategic Marketing Officer

NS Department of Energy
Tel: (902) 424-0781
Fax: (902) 424-3264
Email: subehno@gov.ns.ca

Name of Business				
Business Mailing Address				
City		Province		Postal Code
Business Telephone #			Business Fax #	
Division/Department (if applicable)				
Division Mailing Address (if different from above)				Postal Code
Division Telephone #		Division Fax #		Contact Person's E-Mail Address
Salutation	Name of Contact Person			Contact's Bus. Phone #
Title				
Organization's Core Activities (key words only)				
Organization's activities related to the NS Energy Sector (key words only)				
Which type of student do you prefer? (Circle Preference)		Co-op Student	Recent Graduate	Post-Secondary Student
				No Preference
Field of Study			Educational Institution (s)	
This Section MUST BE FULLY COMPLETED. Please refer to the Application Guidelines before completing.				
Registration # Companies Act or other: _____ Canada Revenue Agency #: _____				
<i>I hereby certify that all statements are completed and correct to the best of my knowledge and if the project is approved, I will comply with all Program Guidelines.</i>				
X			X	
Signature of Contact Person (provided above)			Dated	

Office Use Only

Approved?:

Yes No

Energy Training Program Coordinator:

Signature

Dated

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Project Description / Relation to the Energy Sector

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Student Position Title:

Please give a detailed, one-page description of the students' position and what it will entail in relation to the energy sector.

I certify that all statements are complete and correct to the best of my knowledge and if the project is approved, I will comply with all Program guidelines.

X

Signature of Contact Person

Date