## Applicant - Type or print clearly

1. Name					
nst Name First Name(s)					☐ Ms.
Please ensure that your mailing address is curre can update your address by signing into my.bcit		ithout a curi	rent mailing	address	on file. You
( )	)				
Telephone Mot	pile Phone	E-mail			
Date of Birth (dd/mm/yyyy) Pers	sonal Education Number (PEN)				
2. Citizenship	Permanent Resident (Visa st	tudents are no	t eligible to ap	pply)	
3. BCIT Information   Registered with Aboriginal	Services Registered with Disability Re	esource Centre	9		
Name of BCIT program you have applied to					
Start Date (if known) (dd/mm/yyyy) Cho	sen Option (if applicable)				
4. Education Record					
List the last <b>secondary school</b> you attended. Ne most recent. Provide copies of all your transcrip		ions you hav	ve attended,	starting	with the
Name of Secondary School and name of Post Secondary Institutions	City/Province/Country	Dates Attende mm/yyyy From	ed To	Graduati mm/yyyy	
5. Personal Statement  Describe your achievements and principal interested attending BCIT. Include any award-specific info a typed statement if more space is required (magnetic field).	rmation requested in the description of those		_	-	

## **Application Form B**

Please tell us what volunteer and leadership activities in school and/or in the community, extra-curricular or school club and athletic involvement you have had during the past three years.

lunteer	

Volunteer Work					
Organization	Short Description of Your Involven	nent	Start/End Dates	Hrs/Week	
Extracurricular, Artistic, Athletic	Activities				
Activity	Short Description of Your Involven	nent	Start/End Dates	Hrs/Week	
List any awards received					
6. Use of Personal Information No	otification				
For individuals granted awards, BO of the award winners and/or photo marketing materials for the purpos information use, you may contact	o images, municipality of resi se of publicizing BCIT studen	dence, BCIT progr nts, graduates, and	am name, and the name or cr I their achievements. For ques	riteria of any award won in	
I hereby declare that the informati application if the information cont			correct. I understand that BCI	T has a right to cancel this	
Date	Applicant Signature				
Application Checklist: Assemble	your application in the foll	lowing order			
1. Completed Form A		5. Post-seco	ndary institution transcript(s)		
2. Completed Form B		<del></del>	ecific information (if required)		
3. Personal Statement – Form B	, Section 5	<del></del>	d Form C (if required)		
4. Secondary school transcript		8. Two completed Form D or confidential reference letters (if required)			