

## RAGLAN EDUCATION FUND

### APPLICATION FORM

PERSONAL INFORMATION			
Family name:	First name:	Middle name/Initial:	
Mailing Address (Number/Street/P.O. Box)			
City/Community:	Apartment:	Postal code:	
Email address:			
Permanent address (if different from mailing address):			
Community:	Province:	Postal code:	Tel.:
Social insurance number:		Nunavik beneficiary number:	
Civil status:		Number of dependent(s):	
Spoken languages:	<input type="checkbox"/> Inuktitut	<input type="checkbox"/> English	<input type="checkbox"/> French <input type="checkbox"/> Other (specify):
Written languages:	<input type="checkbox"/> Inuktitut	<input type="checkbox"/> English	<input type="checkbox"/> French <input type="checkbox"/> Other (specify):
EDUCATION PROGRAM IN WHICH YOU ARE REGISTERED			
Name of education establishment:			
Program:			
Location:			
CAREER ASPIRATIONS AT RAGLAN MINE			
For what type of employment at Raglan Mine does your study program prepare you? (Consult the list of eligible programs on page 4 of our Application Guide.)			

Would you be interested in an internship or a summer job at Raglan Mine? Yes  No

**PRIOR EDUCATION**

Last year of secondary education (completed): Sec. 3 <input type="checkbox"/> Sec. 4 <input type="checkbox"/> Sec. 5 <input type="checkbox"/>	Year of completion:	School/Location
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If you have attended a postsecondary or vocational education establishment, please complete the following table. (Start from the most recent establishment.) Specify the completed level of education and related information.

	Name of establishment	Program Major	Starting date mm/yy	Completion date mm/yy	Credits earned	Full time	Part time	Degree or diploma	Date obtained
Vocational						<input type="checkbox"/>	<input type="checkbox"/>		
CEGEP						<input type="checkbox"/>	<input type="checkbox"/>		
University						<input type="checkbox"/>	<input type="checkbox"/>		
Other						<input type="checkbox"/>	<input type="checkbox"/>		

**EMPLOYMENT HISTORY**

Please provide details on your employment history, if any, starting with the most recent job. (Attach additional sheets if necessary.)

1. Self-employed  Salaried  Internship

Job title/position:	Reason for leaving:	
Hours worked per week:	Start date:	Finish date:
Name of employer:	Telephone:	

2. Self-employed <input type="checkbox"/> Salaried <input type="checkbox"/> Internship <input type="checkbox"/>		
Job title/position:	Reason for leaving:	
Hours worked per week:	Start date:	Finish date:
Name of employer:	Telephone:	

REFERENCE

Name of reference:
Occupation:
Relationship to you:
Address:
Phone:
Email address:

I understand that any false statement in this form may result in the rejection of my application.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

## Appendix 1

### Checklist of Documents to Provide with your Application Form

**If you are a first-time applicant, you must attach the following documents with your form:**

- Application form, duly completed and signed
- Application letter
- Letter of reference (preferably from an instructor, a KSB counselor or a previous employer)
- Attendance record (vocational training only)
- Official transcript
- Proof of enrollment for the next semester or proof of graduation

**If you are already accepted in the scholarship program, you must include:**

- Application form, duly completed and signed (page 1 only)
- Attendance record (vocational training only)
- Official transcript
- Proof of enrollment for next semester or proof of graduation

**Send us your application form and attachments.**

By mail to:

Raglan Education Fund Scholarships

1950, rue Maurice-Gauvin, suite 300

Laval (Quebec) H7S 1Z5

By email to:

[EDU\\_FUNDS@glencore.ca](mailto:EDU_FUNDS@glencore.ca)

**If you have any questions, please contact us:**

Siasi Kanarjuak

Tel.: 450 668-2112 x 5646

Email: [EDU\\_FUNDS@glencore.ca](mailto:EDU_FUNDS@glencore.ca)