

CAREER GOAL(S)

Briefly describe how this program will help you achieve your career goal(s). Please be specific.

RELATED

Describe any related experience(s) that may demonstrate suitability to this program (e.g., part-time or summer employment, volunteer experience, or previous or current technological studies courses.)

REFERENCES

Part-time or summer job: _____

His/her telephone number: _____

Co-op or Technology teacher: _____

SIGNATURES

3 ~~LEON~~ B

Date: _____

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Date: _____

5PHPEHU ~~WVW~~ RNLQ IRB IRUADFKDQ ~~WHW~~

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&RS7DFKMDOO W LRBDVREBQLQHUMWP DW
RDSFGFRP

After completing the on-line application, please click the **'Save as Accelerated Program'** icon at the bottom of the page. Application will go directly to Caterina Maietta at the CEC.

Telephone: (416) 222-8282 ext. 2193 **DO NOT FAX THIS FORM**
E-mail: caterina.maietta@tcdsb.org

Application Deadline is HGQVGD\1RYWK