

HODINOHSO:NI AMBASSADOR PROGRAM

July 9, 2018- August 3, 2018

ALL LICATION FOR	ATTLICATION DEADLINE JUN	E 29, 2016
APPLICANT INFORM	MATION	
Name:		
Date of Birth:		_
(mm/dd/yyyy)		
Gender:		_
		_
Address:		
		_
Shirt- Size/Women/Men's		
Phone:		_
E-mail:		_
-		
Please indicate the best	way for us to contact you:	
Are there any accessibili	ity concerns we should be aware of?	
Do you have any transpo	ortation concerns we should be aware of?	

Please be advised there is limited space to participate in this program. There will be a stipend available to participants based on attendance.

Are there any barriers that might prevent you from participating in this program?
Please list two reasons why you would like to participate in the Hodinohso:ni Ambassador Program:
1)
2)
Please list any additional information you would like to share and any special considerations that organizer may require.
Are you able to attend the full length of the program? If not, please specify:

TO COMPLETE THE APPLICATION PROCESS: PLEASE DELIVER YOUR COMPLETED FORM BY EMAIL, OR DIRECTLY TO SIX NATIONS POLYTECHNIC.

Main Campus:

Six Nations Polytechnic 2160 Fourth Line,

PO Box 700,

Ohsweken, ON.

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