



CANADIAN ASSOCIATION *of* FLEET SUPERVISORS

PO BOX 1222, ALDERGROVE, BC, V4W 2V1

PHONE / FAX: 604 856-3662 EMAIL: INFO@CAFS.CA WEBSITE: WWW.CAFS.CA

TRANSPORTATION AWARD FOR ELTT STUDENTS APPLICATION FORM

1. Name Ms. / Mr. _____
Last Name First Name(s)

2. Address: _____
Number and Street Name Suite # City
_____ () _____ () _____
Postal Code Telephone Cellular

3. E-Mail Address: _____

4. Date of Birth: _____
(Optional) dd/mm/yyyy

5. Citizenship: _____
Must be a permanent resident of British Columbia

6. Post Secondary Institution: _____

Instructor: _____
Name (print) Signature Contact Phone #

7. Program Attending: _____
Must be related to transportation start/end dates

8. Personal Statement:
Attach a typed statement telling us about yourself. Describe your principal interests and activities over the last three years. Include extra-curricular activities in school and/or in the community, volunteer and leadership activities, athletic involvement, offices held and awards received. Outline your academic and career goals and your reasons for applying for the CAFS Transportation Award.

9. Declaration:
I hereby declare that the information contained in this application is correct and complete. If I accept a CAFS Transportation Award, I agree that CAFS may release the following information publicly: my name photograph, secondary school, home town, program attending and information pertaining to the acceptance of this award.

Date

Applicant Signature

APPLICATION DEADLINE: April 15, 2011

Submit your completed CAFS' Transportation Award application by the deadline date to:

CANADIAN ASSOCIATION *of* FLEET SUPERVISORS
P.O. Box 1222, Aldergrove, BC, V4W 2V1
Attn: Award Committee