

STUDENT AWARDS PROGRAM

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only allows you to upload of s form.	ne document; therefore, your supporting d	ocuments must be included in a
ber:		
Name	First Name	Middle Name
] Are you a resident o	f Alberta?	
] Are you a resident o	f Alberta?	
] Have you registered	for SCO training in the six months	before the award deadline?
Have you completed become an SCO?	l a prequalification or equivalent a	nd met entry qualifications to
_		r progress in your career by
	s on the number of previous ber: Name the following questions Do you have an emp Are you a resident o Have you registered Have you completed become an SCO?	Name First Name The following questions: Do you have an employer/third party reimbursing you Are you a resident of Alberta? Have you registered for SCO training in the six months Have you completed a prequalification or equivalent a



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Have you already demonstrated a commitment to the safety codes system through volunteer work or leadership? Please provide details.

Will you experience financial hardship in paying course fees yourself? Please describe your current financial situation.

Describe what you know about potential employment opportunities for safety codes officers in the discipline you are currently training for.

discipline you are currently training for.



The personal information requested on this form is being collected for the purpose of selecting award recipients, notifying recipients, and disbursement of awards. First and last names only may be shared with sponsors who have contributed to the program. First and last names only may be used in student awards promotional material and other Council documents. The information entered into this form may be audited for verification purposes.

If you have questions concerning the collection of this information, please contact the Training Delivery Coordinator at the Safety Codes Council: 500 10405 Jasper Avenue NW, Edmonton, AB T5J 3N4 | 780 413-6034 | Toll-Free 1-888-413-0099

Declaration and Consent:

I have read the personal information disclaimer and certify that all information I have provided on this form is complete and accurate.

Type Name: _____

Date: