Global Edge

**International Student Services Office (ISSO)**

**ONTARIO GLOBAL EDGE PROGRAM 2014**

**Funding Application**

**P L E A S E P R I N T**

**1. PERSONAL DATA** (PLEASE PRINT CLEARLY) Student number:

Family name: Given name(s):

Date of birth (yy/mm/dd): Sex:  Female or  Male

Faculty/Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current mailing address:** Validity dates: to

Postal code:

Telephone: Cell:

Email: \_\_\_\_\_\_\_ Other:

**Permanent mailing address:**

Postal code:

Telephone:

**2. PLACEMENT INFORMATION**

Name of Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (include country and area code)

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Proposed placement length and dates, (8-16 weeks): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a visa required to work in the selected country? □ Yes □ No If yes, what type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. BUDGET**

**Estimated Expenses:**

Flight: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel and Health Insurance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other (please explain): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Accommodation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Total:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Will the employer be paying you or contributing any in-kind assistance i.e. transportation, accommodation etc.?** □ Yes □ No

If yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. PLEASE DECRIBE ANY PREVIOUS INTERNATIONAL EXPERIENCE**

**Are you a Canadian Citizen or Permanent Resident? □** Yes **□** No

**Are you currently a fulltime student returning to school in the fall? □** Yes **□** No

**Please attach the following:**

* A description of the proposed work plan
* A 500 word essay describing your motivation to apply for the scholarship, your previous entrepreneurial activities/experience and your goals and objectives in participating in this program.
* A copy of your transcripts (a web print out is acceptable)
* Letter of recommendation (from professor, previous entrepreneurial experience, or employer)
* Resume

**Applicant Declaration:**

I confirm that the information provided above is true and complete to the best of my knowledge and I will notify the ISSO of any changes to this information that may arise.

Participant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consent to Disclosure:** By submitting this Application, the Applicant acknowledges and agrees that, should the Application be successful, Carleton will necessarily be required to disclose to the organization intending to host the Applicant and the Government of Ontario information about the Applicant that would otherwise be classified as “personal information”, and be protected as such, pursuant to the Freedom of Information and Protection of Privacy Act (“FIPPA”) of Ontario. By submitting this Application, the Applicant hereby consents to such disclosure for the sole purpose of facilitating the internship contemplated by this Application, and agrees that such disclosure does not constitute breach of any rights of privacy held by the Applicant pursuant to FIPPA or otherwise.

Signature Date