

This form should be completed in full and returned to Kant Kaw Education Centre or a KKEC partner organization or emailed to applications@kantkaw.com.

A) Course (Weekend or Weekday?).....

Please indicate which course(s) and term you are applying for

	<input type="checkbox"/> Term 1 (January-April) Deadline - <input type="checkbox"/> Term 2 (June-August) Deadline: <input type="checkbox"/> Term 3 (September-December) Deadline -
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B) Personal Information

FULL NAME

OTHER NAMES MALE

DATE OF BIRTH DAY MONTH YEAR FEMALE

ETHNICITY (optional) RELIGION (optional)

C) Contact Information

TELEPHONE

Landline c/o

Handset c/o

EMAIL

Primary

Secondary

D) Education

ENGLISH - Please list any relevant English language training you have received.

No.	Course/Program	School/Organization	Year	Duration	Certification (if applicable)
1.	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
2.	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
3.	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>
4.	<input style="width: 200px; height: 20px;" type="text"/>	<input style="width: 250px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

E) Financial

Limited Scholarships are available for students in financial need. Please indicate if you wish to be considered for a scholarship. **Scholarship Forms are available at Kant Kaw Education Centre or at www.kantkaw.com.**

No, I don't need a scholarship.

Yes, I would like to be considered for scholarship.

F) Survey

Where did you hear about this class? (friend, presentation, Internet etc.)

I declare that the information on this form is true, correct and complete.

Applicant's Signature Date

Checked by: