

ACCESS OTTAWA

STUDENT APPLICATION PACKAGE



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ACCESS OTTAWA

STUDENT APPLICATION checklist



- Section A** Student Application Form completed on a computer, printed out, has photo attached, and is signed by applicant
- Section B** Applicant Consent Form signed by parent / guardian
- Section C** Applicant Reference Form printed and given to a teacher or pastor
- \$100 deposit cheque made out to the Laurentian Leadership Centre included with mailed application form
- Mail completed & signed application form and deposit to:

Access Ottawa
c/o Laurentian Leadership Centre
252 Metcalfe St
Ottawa, ON K2P 1R3



ATTACH A PHOTO OF YOURSELF

PHOTO IS USED FOR A STUDENT NAME AND IDENTIFICATION BADGE

USE A PAPERCLIP

DO NOT TAPE OR STAPLE

1

APPLICANT CONTACT INFORMATION

LAST NAME FIRST NAME M.I.

MAILING ADDRESS CITY () --

PROVINCE POSTAL CODE PHONE

E-MAIL ADDRESS

2

PERSONAL INFORMATION

MALE FEMALE MM -- DD -- YY

GENDER DATE OF BIRTH GRADE LEVEL

YES NO

PHYSICAL DISABILITY? (IF YES, PLEASE SPECIFY)

SHIRT SIZE

YES NO

FOOD/DRUG ALLERGIES? (IF YES, PLEASE SPECIFY)

YES

HEALTH COVERAGE: CARD NO. PROVINCE ADDITIONAL COVERAGE? (SPECIFY)

ROOMMATE PREFERENCE (OPTIONAL - NOT ALL REQUESTS CAN BE ACCOMODATED)

3

HIGH SCHOOL INFORMATION

SCHOOL NAME

SCHOOL ADDRESS CITY () --

PROVINCE POSTAL CODE PHONE

FAX SCHOOL CONTACT PERSON NAME

() --

SCHOOL CONTACT PERSON TITLE SCHOOL CONTACT PERSON EMAIL

SCHOOL PRINCIPAL'S NAME

CONTINUED ON NEXT PAGE...

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EMERGENCY CONTACT INFORMATION

PARENT/GUARDIAN 1 LAST NAME,		FIRST NAME	RELATIONSHIP
HOME <input type="checkbox"/>	() --	HOME <input type="checkbox"/>	--
WORK <input type="checkbox"/>		WORK <input type="checkbox"/>	
CELL <input type="checkbox"/>		CELL <input type="checkbox"/>	
DAYTIME CONTACT PHONE		EVENING CONTACT PHONE	

PARENT/GUARDIAN 2 LAST NAME,		FIRST NAME	RELATIONSHIP
HOME <input type="checkbox"/>	() --	HOME <input type="checkbox"/>	--
WORK <input type="checkbox"/>		WORK <input type="checkbox"/>	
CELL <input type="checkbox"/>		CELL <input type="checkbox"/>	
DAYTIME CONTACT PHONE		EVENING CONTACT PHONE	

5

SHORT ANSWER QUESTIONS (100 WORD LIMIT)

A. HOW DID YOU HEAR ABOUT ACCESS OTTAWA?

SCHOOL <input type="checkbox"/>	PARENT <input type="checkbox"/>	TWU CONTACT <input type="checkbox"/>
FRIEND <input type="checkbox"/>	INTERNET <input type="checkbox"/>	OTHER (SPECIFY BELOW) <input type="checkbox"/>

B. WHO ENCOURAGED YOU TO APPLY? _____

C. WHY DO YOU WANT TO ATTEND ACCESS OTTAWA?

D. WHAT EXTRACURRICULAR, COMMUNITY, OR VOLUNTEER ACTIVITIES ARE YOU INVOLVED IN?

E. WHAT WORK AND POLITICAL/GOVERNMENT EXPERIENCE DO YOU POSSESS?

F. DESCRIBE YOUR PRESENT RELATIONSHIP WITH JESUS CHRIST, AND THE ROLE OF YOUR FAITH IN YOUR DAILY LIFE.

ACCESS OTTAWA

APPLICATION CONSENT FORM

SECTION B

BEHAVIOURAL POLICIES

On signing the Access Ottawa Application Form, the student enters into an agreement to adhere to Access Ottawa's rules and regulations. These rules are in effect upon arrival at the Laurentian Leadership Centre (LLC) and until departure at the end of the program.

1. No use of alcohol or non-prescription drugs.
2. No smoking.
3. Students may not visit the dormitory room(s) of the opposite sex at any point during the program.
4. Students must be in their own rooms by curfew, unless expressly authorized by a Program Leader.
5. Students must attend all scheduled program activities. Students may not leave the LLC or scheduled program activity without prior permission, nor will they leave the LLC or program activity without a Program Leader.
6. Students are forbidden to abuse or deface facilities and to abuse, deface, or steal property. Participants will be held financially responsible for any damage to the LLC or to public property.
7. Appropriate and respectful behaviour is expected from students at all times. Students will respect the diversity of opinions expressed by other students and speakers.

Rules and policies are strictly enforced. Students who do not wish to observe these rules should not participate in Access Ottawa. Failure to comply with any one of the above rules could result in immediate dismissal of the student from the program. In such circumstance, the student's parents or guardians shall be notified, the student will return home immediately at his or her own expense, and no portion of the program cost will be refunded.

DECLARATION AND CONSENT

I understand the information and conditions outlined on this form. I declare that the information I have given is correct and I wish to be considered for participation in Access Ottawa.

I understand that as I will be meeting important officials and visiting prestigious institutions that my dress must conform to the accepted standards. If I am selected I will comply willingly with Access Ottawa rules and with the business dress code for designated events: for men – suits/jackets and ties, and comfortable dress shoes; for women - dresses, suits, or skirts (hemline must be at or below the knee) with blouses or sweaters, and comfortable dress shoes. No denim of any kind for official events.

If selected, I hereby consent to the taking and/or use by Access Ottawa of any photographs and/or video images of me in the course of my participation in the Access Ottawa program or any related activity, for promotional use by Access Ottawa, including in any of Access Ottawa's publications, brochures, posters, videos or website.

I have read and understand all the above terms and conditions and agree to abide by them.

STUDENT SIGNATURE

DATE

MM -- DD -- YY

Parent / Guardian Authorization

My son / daughter has my permission to attend Access Ottawa and I have read, understand, and am fully aware of the behavioural policies, dress code, terms and conditions and the cost of the program. My son / daughter has read and understands all the above terms and conditions and agrees to abide by them.

PARENT/GUARDIAN SIGNATURE

DATE

MM -- DD -- YY

ACCESS OTTAWA

applicant reference form



SECTION C

TO BE COMPLETED BY THE APPLICANT BEFORE GIVING TO REFEREE:

APPLICANT INFORMATION

LAST NAME FIRST NAME

MAILING ADDRESS

CITY PROVINCE
() --

POSTAL CODE PHONE

REFEREE INFORMATION

LAST NAME FIRST NAME

MAILING ADDRESS

CITY PROVINCE
() --

POSTAL CODE PHONE

PASTOR
TEACHER

POSITION ORGANIZATION

TO BE COMPLETED BY REFEREE:

The above-named individual is making application to Access Ottawa. The information you supply in this reference form is used for the application process allowing us to better understand the applicant. Please answer all questions concerning topics about which you are reasonably certain. The contents of this form will be held in strict confidence.

PLEASE KEEP IN MIND THAT THE STUDENT'S APPLICATION WILL NOT BE REVIEWED UNTIL THIS FORM IS RETURNED

1. How long have you known the applicant? _____ years _____ months
2. What is your relationship to the applicant? _____
3. How well do you know the applicant? Well Rather Well Casually Name/Sight
4. Your assessment of the applicant's academic ability: Outstanding Very good Good Fair Poor
* if applicable

- Outstanding: Top 10% of the class academically, combined with a thorough understanding of the practical application of knowledge in his/her total environment. This is demonstrated in day-to-day leadership skills.
- Very good: Shows considerable leadership and practical appreciation of his/her environment, combined with sound (top 20%) academic ability.
- Good: Good academic average (top 25%) but considerable variation in his/her ability to handle different subjects. Shows leadership, but may require greater maturity and confidence.
- Fair: Average academic performance with average leadership demonstration. Does not regularly apply learned material practically in his/her environment.
- Poor: Has academic difficulty in most subjects; unable to grasp many concepts. Shows lack of motivation and rarely evidences capability for leadership.

Please indicate approximate size of comparison group (number of students) _____

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applicant reference form, continued

5. Applicant's knowledge of current affairs (local, provincial, national): Score 0 to 10 _____

10 = highest - has a sound appreciation and understanding of the role of Canadian government.
- can confidently articulate the factors involved in major societal issues and possesses an understanding of their implications.

5 = average - has a moderate appreciation and understanding of government.
- has an aptitude for problem solving but lesser practical understanding of the factors involved in major societal issues and their implications.

6. Please check the following areas which represent your opinion of the applicant's behaviour and attitudes:

	Excellent	Good	Average	Poor	Very Poor
Spiritual Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern for Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepts Instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect for Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sociability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please add any further comments or reservations you may have about the applicant (attach an additional sheet if desired).

REFEREE'S DECLARATION

I have confidence that the student named above will benefit from and make a positive contribution to the Access Ottawa program. It is without reservation, unless otherwise noted, that I recommend him/her to the Access Ottawa program.

REFEREE SIGNATURE

MM -- DD -- YY
DATE

May we call you about this applicant? Yes No

Thank you for your assistance.

MAIL TO:
ACCESS OTTAWA
c/o Laurentian Leadership Centre
252 Metcalfe St
Ottawa, ON K2P 1R3

OR FAX TO:
Attn: ACCESS OTTAWA
613.236.5500