

**JOHNSON HORIZONS PROGRAM APPLICATION FORM**

Please complete this application and return, along with a copy of your resume, to your Principal/Guidance Counsellor.

**Section A: Personal Information**

Name:

Mailing

Address:

Phone Number:

Date of Birth:  
(MM/DD/YYYY)

Email Address:

**Please Note:** A Social Insurance Number (SIN) is required in order for the University to issue payments to students. If you do not currently have a SIN, you should apply for one immediately. For more information on how to apply, call 1-800-622-6232 or visit <http://www.servicecanada.gc.ca/eng/sin/apply/how.shtml>

**Section B: School Information**Current School  
(Name and  
address):Principal's  
name:Guidance  
Counsellor's  
name:Name of School  
attending in Fall  
2017:

**Section C: Required Attachment - Resume**

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When submitting your application form, please include:

- A current resume. It should outline your volunteer, academic, extracurricular and community-based involvement. Examples of involvement activities can include, but are not limited to: cadets, school clubs, sports teams, dance classes, conferences, etc.

For each activity please include the following:

- a. Name of the activity
- b. Name of the organization/group
- c. Dates involved/how long you have been participating
- d. Details about your involvement/role/accomplishment in the activity
- e. Any other pertinent information

The more descriptive your resume, the easier it is for the Selection Committee to assess your application fairly.

**Please Note: Resumes should not exceed 4 pages.**

**Section D: Student and Parent/Guardian Consent**

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I, \_\_\_\_\_, hereby certify that the information included in the application is correct and can be verified upon request. The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7), is needed for, and will be used to assess students' eligibility and to administer University based programs including Leadership Development programs. If you have any questions about the collection and use of this information contact the Associate Registrar, Registration and Enrolment Services at 709-864-8260.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian email address