

APPLICATION FORM
Lakes Division
Empowering Aboriginal
Generation of Leaders &
Entrepreneurs™
LD-EAGLE™



PROGRAM PREREQUISITES

- ✓ Aboriginal People (any age)
- ✓ A strong motivation to explore your career options
- ✓ A willingness to contribute to classroom discussion and learning activities
- ✓ A willingness to be mentored throughout the business start-up process

LOCATION: Splatsin Community Centre 5775 Old Vernon Road, Enderby, BC

DATE: Three workshop dates to choose from:
1. Sept 14-16 or 2. Sept 25-27 or 3. Sept 28-30
(8:30 – 4:30 each of the three days)

PERSONAL DETAILS

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS: _____

BAND AFFILIATION: _____

Age: _____



EDUCATION

High School Qualifications: Grade Completed: _____ Date Completed: _____

Post-secondary Studies

Program Name	Years of Study	Qualification Obtained
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

Questions?

Call Debra at 250-328-4993; debra.tamagi@gmail.com
Fax Attention Debra 250-838-2131



University
of Victoria

PETER B. GUSTAVSON
School of Business

The world looks different from here.



WORK EXPERIENCE

(Please summarize your work experience by indicating jobs held and time in each job)

Job Title	Organization	Years
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

PERSONAL STATEMENT

(1) Please tell us why you are interested in participating in this program:

(2) Please tell us a bit about your career goals:

(3) Please tell us how the LD-EAGLE™ program will help you:

REFERENCE CONTACT INFORMATION

(Please provide the names of THREE people who can be contacted to comment on your experience and commitment)

Name of Person	How you know them	Phone #
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____

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