

**PORT HOPE & DISTRICT AGRICULTURAL SOCIETY  
STUDENT APPLICATION FORM  
(To be completed by Student Applicant)**

**INFORMATION**

**Applicant's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Telephone:** (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ **Cell :**(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ **Fax:**(\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Birth date of Applicant:** \_\_\_\_\_

**EDUCATIONAL BACKGROUND:**

**What secondary school did you graduate from:** \_\_\_\_\_

**What post-secondary education institution are you attending?** \_\_\_\_\_

**What program are you enrolled in?** \_\_\_\_\_

**What do you plan to achieve? (please circle one) certificate diploma degree**