

# Power Engineering (PEP)



## Application Form

Submitted by \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Alberta Education ID# \_ \_ \_ \_ - \_ \_ \_ - \_ \_

# Power Engineering Program (PEP) Application Package Contents

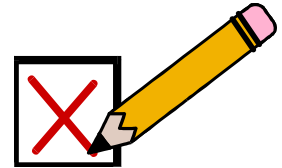
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**INSTRUCTIONS:**

Complete and/or attach the following **in the order listed**.

**Check each item off** as you complete and/or attach it.

**Only completed application packages will be considered.**



Part I	Personal Data	<input type="checkbox"/>
Part II	Information Relevant to Program	<input type="checkbox"/>
Part III	Work Skills and Employability Skills	<input type="checkbox"/>
Part II	<b>Attachments</b> A. Resume <span style="float: right;"><input type="checkbox"/></span> B. Statement of Marks <span style="float: right;"><input type="checkbox"/></span> Counselor must sign the copy from Alberta Education Extranet or from the school's report program. Include copy of last grade marks and current interim progress report. Marks/progress in PE Program. Counselor should indicate current mark in each course or mid-term mark. C. Timetable <span style="float: right;"><input type="checkbox"/></span> D. Record of School Attendance <span style="float: right;"><input type="checkbox"/></span> E. Three Year High School Plan (signed by Counselor) <span style="float: right;"><input type="checkbox"/></span>	
Part IV	PEP Coordinator Recommendation <span style="float: right;"><input type="checkbox"/></span> To be completed by the PEP coordinator following the review of the student's package.	

## Part I – Personal Data

### Student Information

Last	First	Middle
Street		
City		Postal Code
Home Phone: (      )		Cell Phone: (      )
Birth date	Month =	Day =
		Year =
Grade:		
Social Ins. #	Alberta Education # _____ - _____	
Home Computer Email Address:		

### Parent/Guardian Information

Parent/Guardian:	Work Phone (      )
Street: (if different)	Cell Phone (      )
City (if different)	Postal Code
Email Address:	

### Health Information

Doctor Name	Work Phone (      )
AHC # _____ - _____	
Important Medical Information	
Name of 1 <sup>st</sup> Emergency Contact	
Day Phone (      )	Evening Phone (      )
Name of 2 <sup>nd</sup> Emergency Contact	
Day Phone (      )	Evening Phone (      )
Name of 3 <sup>rd</sup> Emergency Contact	
Day Phone (      )	Evening Phone (      )

#### Student Agreement:

*I, the applicant, certify the information given in and with this **application, resume, and cover letter** is true and complete to the best of my knowledge and that it may be viewed by employers for the purpose of determining potential placements.*

*I agree to attend any safety courses or prerequisite courses or sessions as required for individual programs.*

*I understand that applying for any off-campus program does not guarantee that I will receive a placement.*

Student Signature:

Date:

Parent Agreement:

*I agree that the application along with the submitted resume and cover letter may be viewed by employers for the purpose of determining potential placements.*

Parent Signature:

Date:

The information contained herein may be used by CAREERS: The Next Generation for career choice updates or to request further involvement with your program (ie. video productions, success story quotes, surveys, questionnaires & statistical analysis). If you do not wish to be contacted please check here: \_\_\_\_.

**Part II – Information Relevant To Program**

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1.	What interested you to enroll in the Power Engineering program? Please do research on This Career Pathway		
2.	What are your academic and/or educational goals for the future?		
3.	List, in order of preference, occupations in the Power Engineering Industry you want to pursue as future career goals.		
	1.		
	2.		
	3.		
4.	Provided there is a one- week summer lab component to this program and a further 2 week process operating lab will you be willing to attend?	Yes	No
	If no, explain:		



## Part II D – Three Year High School Plan

In the chart below, check with an “x” in the box, the courses you are enrolled in or completed in Grade 10. For Grade 11 and for Grade 12 indicate the courses you PLAN to take or are currently enrolled. If applies, do the same for grade 12.

Using the blank spaces available, please add additional courses not on the list that you are enrolled in now and plan to take in the future years.

Grade 10	Grade 11	Grade 12
<input type="checkbox"/> English 10-1	<input type="checkbox"/> English 20-1	<input type="checkbox"/> English 30-1
<input type="checkbox"/> English 10-2	<input type="checkbox"/> English 20-2	<input type="checkbox"/> English 30-2
<input type="checkbox"/> Math 10C	<input type="checkbox"/> Math 20-1	<input type="checkbox"/> Math 30-1
<input type="checkbox"/> Science 10	<input type="checkbox"/> Math 20-2	<input type="checkbox"/> Math 30-2
<input type="checkbox"/> Social 10	<input type="checkbox"/> Chemistry 20	<input type="checkbox"/> Math 31
<input type="checkbox"/> Phys Ed. 10	<input type="checkbox"/> Physics 20	<input type="checkbox"/> Chemistry 30
<input type="checkbox"/> CALM	<input type="checkbox"/> Biology 20	<input type="checkbox"/> Physics 30
<input type="checkbox"/> Religion	<input type="checkbox"/> Science 20	<input type="checkbox"/> Biology 30
<input type="checkbox"/> Art	<input type="checkbox"/> Social 20	<input type="checkbox"/> Science 30
<input type="checkbox"/> Drama	<input type="checkbox"/> Social 23	<input type="checkbox"/> Social 30
<input type="checkbox"/> Band	<input type="checkbox"/> CALM	<input type="checkbox"/> Social 33
	<input type="checkbox"/> Religion	<input type="checkbox"/> CALM
	<input type="checkbox"/> Phys Ed 20	<input type="checkbox"/> Religion
		<input type="checkbox"/> Phys Ed 30

Counselor's Name: \_\_\_\_\_ and Signature: \_\_\_\_\_

List your participation in school activities, athletics, community activities, or church activities.

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Indicate your 2 favorite school subjects and briefly explain skills learned in each one.

1. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Part IV – PEP Coordinator Recommendation

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The PEP Coordinator should complete this form after reviewing the student package in consultation with the student's guidance counselor.

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Student Name: \_\_\_\_\_

Is this student on track to graduate at the end of Grade 12? Yes \_\_\_ No \_\_\_

Does this student have a good record of attendance? Yes \_\_\_ No \_\_\_

Does this student have a good record of citizenship (no behavioral issues) Yes \_\_\_ No \_\_\_

Other course marks:

Please note below any concerns you may have.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I recommend that the above student be accepted as a candidate for the Power Engineering Program. Yes No

Explain:

PEP Coordinator Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

PEP Coordinator Signature \_\_\_\_\_ School \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_