

Section 3: Adult Learning

If you are over the age of 18 and continuing your education and need assistance, we can help!

Name	Date of Birth	Last Four Digits of Health Card #	Type of Education (university, ESL, GED, etc.)

Please note for adult learners we require proof of enrollment in your educational class. Please provide proof along with this application.

By signing your name below, you are acknowledging that the information provided is accurate and that you understand and comply with the application. You also acknowledge that completion of this form does not guarantee approval.

Applicant's Signature _____

FOR OFFICIAL USE ONLY	
First call: _____	
Second call: _____	
Final call: _____	<input type="checkbox"/> Unreachable
Appointment date & time: _____	
Date emailed confirmation: _____	