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| --- |
| Contact Information |
|  |
| Name |  |
| Street Address  |  |
| City |  |
| Province |  |
| Postal Code |  |
| Work Phone |  |
| Cell Phone |  |
| E-Mail Address |  |
| SPE Membership # |  |

|  |
| --- |
| Academic Information |
|  |
| University/College |  |
| Program of Study |  |
| Program Length (years) |  |
| Current Year of Study |  |
| Average GPA |  |

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| --- |
| Agreement and Signature |
| By submitting this application, I affirm that the facts set forth in it are true and complete.  |
|  |
| Name (printed) |  |
| Signature |  |
| Date |  |

## \*In order for your application to be considered, you must meet the eligibility requirements and include all required documents along with this application form.