

APPLICATION FORM

Aboriginal Canadian Entrepreneurs™

Halalt-ACE™



APPLICATION FORM

PROGRAM PREREQUISITES

- ✓ Three or more years of work experience
- ✓ A strong motivation to start or grow a tourism based business
- ✓ A willingness to contribute to classroom discussion and learning activities
- ✓ A willingness to be mentored throughout the business start-up process



PERSONAL DETAILS

NAME: _____

MAILING ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS: _____

BAND AFFILIATION: _____



EDUCATION

High School Qualifications

Grade Completed: _____

Date Completed: _____

Post-secondary Studies

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





WORK EXPERIENCE

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

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



ENTREPRENEURIAL STATEMENT

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

(2) Please tell us the business you would like to start:

(3) Please tell us how the Halalt ACE™ program will help you reach your goals.

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) _____	_____	_____



www.iamace.ca

Questions?

www.iamace.ca

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University of Victoria

PETER B. GUSTAVSON
School of Business

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