

Application Form

For office use only -
Date Application Received (mm/dd/yy):

APPLICATION CHECKLIST

- I have read and completed the application in full. In complete applications will not be accepted

- I have completed Appendix A-"Equipment provided to student at the worksite or working remotely

ATTENTION: Mac and mobile device users

Some interactive form features are not fully supported in PDF viewers like MAC Preview. For example, form calculations and character limits. Please ensure you have the latest version of Adobe Reader compatible with Mac. This free software comes in both PC- and Mac-compatible versions and you can download it at get.adobe.com/reader. Interactive PDF forms have been tested for compatibility with Adobe Reader 9 and higher. For more troubleshooting information, see [Fillable Form Help](#).

HOW TO APPLY

1. Read the Program Guide here: https://www.tru.ca/cel/employers/wage-subsidy-opportunities/Career_Works_-_Summer_Student_Wage_Subsidy.html
2. Complete this application form in full.
3. Questions? Email us at careereducation@tru.ca
4. Submit your application by email to careereducation@tru.ca
5. You will receive an email confirming receipt of your application.

APPLICATION DEADLINE

We are currently accepting applications. We assess the applications as they come in, and continue until the Program funds have been committed.

Section 1: Applicant Information

Organization Information

Organization Name: _____

Organization Legal Name (if different from above): _____

Organization type:

Private Business First Nations Org. Public Body Non-profit

CRA Business Number: _____

Date organization was established: _____

Brief Description of the organization:

Contact Information

Organization Mailing Address

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Email: _____

Website: _____

Job Location

Location where the student will be working (if different from above):

Address: _____ Phone Number: _____

_____ Community: _____ Province: _____

Postal Code: _____

Will the student be working on-site or remotely On site _____ Remote _____

Primary Contact Information

Primary Contact Name: _____

Phone Number: _____

Email: _____

Insurance & WorkSafeBC Coverage

Do you have General Commercial Liability Insurance?

Amount of Coverage: _____

Do you have WorkSafeBC Coverage?

Yes

No

Account Number: _____

Please Note: Applicants will be required to demonstrate WorkSafeBC coverage is in place prior to the student starting work.

Services

Small Businesses – Please select the category that most closely reflects your services.

Service

Manufacturing

Health Related

Retail

Construction/Contractors

Other

Hospitality/Tourism

Forestry/Mining

Technology

Agriculture/Food Products

Non-profit, Public Bodies and First Nations – Please select the category that most closely reflects your services.

Government

Social service

Tourism/recreation

Education

Economic development

First Nations

Environment

Arts/culture/heritage

Other

Section 2: Job Information

Will you be able to hire a student if you do not receive Career Works: Wage Subsidy funding?

Yes

No

Will this position displace a current employee?

Yes

No

How will hiring a student benefit your organization?

How will the student be supervised?

Please attach the following:

Job Description

Student hours and wages

Hourly wage for this position:

Does this wage reflect the market rate for similar positions?

If no, please explain in the text box below:

Anticipated Start Date:

Anticipated End Date:

Maximum Subsidy and Employer Costs Calculation

* Please enter the Max Hours Required.

	Max Hours Required:	Hourly Rate:	Total:
Wage Subsidy Requested:		\$	\$
Employer Wages Committed:		\$	\$

Please note: This is an estimate. Actual funding will be calculated based each application

Section 3: Additional Sources of Student Wage Subsidy Grants

Indicate additional Wage Subsidies for Summer Students you have been granted.

Federal or Provincial Funding:

Additional Funding Sources:

Section 4: Declaration

Date (mm/dd/yy):

I _____ am authorized to submit this application on behalf of the applicant organization and declare that:

- a) I have read and understood the information in this application.
- b) The information I have provided in this application is true, accurate and complete in every respect.

I acknowledge that:

- c) If any of the information described above is false or misleading, the applicant may be required to repay some or all of the financial assistance that may be approved by the TRU Career and Experiential Learning Department
- d) The TRU Career and Experiential Learning Department and its agents shall not be obligated in any manner to any applicant whatsoever and reserve the right to fund all or none of any application submitted.
- e) I further agree that the TRU Career and Experiential Learning Department will disclose the company name and location and the amount and nature of funding granted to the TRU Student Union (TRUSU).

Appendix A