

ASSET PRELIMINARY DATA FORM

Instructions: FAX completed form along with your High School Transcript to:

Red River College
Fax: 204-633-2553
ATTN: Tom Grant or Ziggy Hammerling

STUDENT

Name: _____
Address: _____
City: _____
Postal Code: _____
Home Phone Number: _____
Work Phone Number: _____

SPONSORING DEALERSHIP

Name Of Dealership: _____
Dealership Contact: _____
Address: _____
City: _____
Postal Code: _____
Phone Number: _____
Work Experience: Years: _____ Months: _____ Days: _____

SIGNATURE:

DATE:

-

ASSET Coordinator Use Only:

Date application received:

Comments: _____

_____ Copy sent to Apprenticeship attn. Ken Czernicki FAX 204-948-2346