

Application -- IT Program Important notes for completing the application

1. This form is for applicants to the Children Heritage Foundation tCHF sponsored Information Technology Program only.
2. TCHF is a non-profit organization with the goal of making technology education accessible to Haitian Youths. The program is **supported** by Globe University/Minnesota School of Business (**GU/MSB**), **Minnesota, U.S.** and the American University of the Caribbean in Les Cayes, Haiti, the host University. Both universities are accredited institutions.
3. The IT **program** will prepare students for positions in web application development, networking, security, computer support, user interface design, internet marketing, computer forensics, and database server administration. The program will include a one-year integrated curriculum to increase English as Foreign Language (EFL) while concurrently introducing IT technical skills. Students will be eligible for admission to the GU/MSB Associate of Applied Science Information Technology degree at the end of the first year, and they will be eligible to transfer their first year IT credits toward the degree program.
4. **Please keep a copy of your completed application form for your records.**
We ask you to keep a copy of your application form so that in the future if you wish to reapply, you can re-use your original application.

Please note: Admission process is not a contest (concours). Each student must meet the stated requirements to be considered for the program. Due to the complexity of the course study, we regret that we cannot admit applicants who do not meet the qualifications. A maximum of 15 students will be accepted for the first class.

5. **All applications are reviewed on a first come- first served basis.**
6. Please complete the application as soon as you decide that you want to participate in the program and you meet the general qualifications. Applications are available online at [://www.childrenheritage.org/featuredproject.htm](http://www.childrenheritage.org/featuredproject.htm) or at the American University of the Caribbean (AUC) in Les Cayes. You may also request a copy of the application via email by writing to @childrenheritage.com. Completed applications and requested documents can be faxed to 001-732-294-7862, e-mailed to us, or provided to Mr. Yves Bernard at the AUC. To be considered for the fall 2010 class, all applications and supporting documents must be received by tCHF on Friday, August 20, 2010.
7. **Please attach a copy of your biographical information to the application form for our review**
TCHF is asking for information that may be considered private and/or confidential under U.S. and Haitian law. This information is asked so we can process your application. You are not legally required to provide the information tCHF is requesting. However, tCHF may not be able to effectively process your application if you do not provide sufficient information. Please note that this information will be limited to tCHF and cooperating school officials, including faculty and advisors who have legitimate educational interests in the information.
8. **Complete the Application Form printing clearly in dark ink**
Applications will not be reviewed until all documents are received. Applications not completed by deadlines will be deferred to the next application period.
9. **Questions about this application or the technology program sponsored by tCHF should be directed to @childrenheritage.com.**
10. **Please attach the following documents to your application:**
 - **Picture identification (ID) that indicates your address in Haiti**
 - **copy of BAC I & II Certificates**
 - **BAC Exam grades**

Cooperative IT program APPLICATION

FOR OFFICE USE ONLY

Internal reference
number _____

Important information

Are you a student of the American University of the
Caribbean (AUC)?

Yes No (note that this is not a prerequisite)

Have you previously applied for a similar program?

Yes No

where? _____

when? _____

If you are a student of the AUC, please tell us your student
reference number if known.

Student number

Last Name		First Name/s		Title	
Preferred First Name (if different)					
* Date of Birth:		Place of Birth			
* proof of date of birth required (birth certificate or baptism papers must be attached)					
Address					
Contact telephone numbers:					
Day		Evening		Other	
Email					
Alternative email					

Indicate knowledge of English language
by checking appropriate box below:

Beginner

Intermediate

Where did you learn to speak English?

Add any related comments here.

Please tell us how you heard about this program:

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TCHF welcomes applications from disabled individuals.

Under the Disability Discrimination Act, a disability is defined as a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

Do you consider yourself disabled? Yes No

If you consider yourself disabled, please give details of any requirements for interview arrangements.

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Give details, in reverse chronological order, of your higher education and of any additional studies you have undertaken as a full- or part-time student. Please give full details of examination classification, or marks, and classification of degrees, or diplomas.

Dates (month/year)	Institution of Higher Education (both name and address)	Subjects taken	Qualifications gained	Full/part time
From To				

Do you have a certificate of Baccaulaureate for Part I? Yes NO

Do you have a certificate of Baccaulaureate for Part II? Yes NO

If yes, please attach a copy of the certificates and EXAM grades

If no, provide the date you expect to receive them _____

Please state membership in any professional bodies.

Give details of your employment, starting with your most recent position.

Dates (month/year)		Employer and/or institution in which employed	Position held, duties, and responsibilities	Full/part time
From	To			

REFERENCES Please give the names and addresses of two persons who would be prepared to give an opinion on your academic experience. **(THIS PERSON COULD BE YOUR CURRENT OR A FORMER TEACHER)**

1	
Postcode:	
Phone number:	
Fax:	
Email:	
Can we contact this person before your interview?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

2	
Postcode:	
Phone number:	
Fax:	
Email:	
Can we contact this person before your interview?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

Please write two or three paragraphs about yourself; explain ***in your own words*** why you wish to participate in this program and your goals. (English writing preferred; you may use the back of this page if needed.)

The Review Committee will review each application upon receipt. Your application will be treated as strictly confidential. Applicants who meet all the qualifications and are accepted for the program will be notified via email

EQUAL OPPORTUNITIES

We have an equal opportunities policy to ensure that no applicant receives less favourable treatment on irrelevant grounds; e.g., sex, race, colour, ethnic or national origins, age, disability, religious, marital status; nor is disadvantaged by conditions or requirements that cannot be shown to be justified and relevant to the Program.

I certify that the above information (and any further information enclosed) is correct. I agree to allow tCHF to process the personal information contained in the form, for any purposes connected with my application.

Signature/name

Date