



OSHKI-PIMACHE-O-WIN: THE WENJACK EDUCATION INSTITUTE

106 Centennial Square Thunder Bay, On. P7E 1H3 Phone 807 626-1880 Fax (807) 622-1818

PATHWAYS PROGRAM APPLICATION

Step One: APPLICANT INFORMATION, PRINT PLEASE, FILL OUT ALL OF PAGE ONE AND

EMAIL TO: recruitment@oshki.ca and kevans@oshki.ca. Trouble completing or sending the form?

Call or email us for help!

| | | | | |
|---|--|--|-------------|-------|
| First Name | Middle Initial | Last Name | | |
| | | | | |
| Mailing Address (P.O. Box #, Street Address) | | | | |
| | | | | |
| City/Town/First Nation | | Province | Postal Code | Phone |
| | | | | |
| Email | Alternate Phone Number | First Nation/Home Community | | |
| | | | | |
| Date of Birth (Y/M/D) | Facebook name | # of years since attended school? | | |
| | | | | |
| Do you have your high school diploma? YES or NO Where did you get your diploma? What Year? | | Have you taken college classes before? YES or NO IF Yes, What program/college and when did you attend? | | |
| | | | | |
| Have you taken recent training or college courses? | If yes, tell us a bit about your recent education: | | | |
| | | | | |

Step 2: Select and attend the Pathways Program Online Registration Workshop:

Select ONE workshop to attend with Oshki staff to complete Registration to Pathways Program

All times in Eastern Time Zone:

| | |
|------------------------------------|--|
| Tuesday October 26 th | Join Online between 1:00 and 3:00 pm DAILY |
| Wednesday October 27 th | |
| Thursday October 28 th | |
| Friday October 29 th | |
| Monday November 1 st | Join Online between 11:30 pm and 1:30 pm DAILY |
| Tuesday November 2 nd | |
| Wednesday November 3 rd | |

How did you hear about Oshki/Pathways Program?

Submitted By (enter name): _____ Date Submitted: _____

Email this completed page to us: recruitment@oshki.ca and kevans@oshki.ca

We will reach out once we receive your email or faxed application.

Questions? Oshki Recruitment recruitment@oshki.ca or Kathy
Campus Mainline: 807-626-1880 Fax: 807 622 1818
Website: www.oshki.ca

Program Coordinator: Kathy email: kevans@oshki.ca phone: 807 626 1879



STEP 3: COMPLETE DURING REGISTRATION WORKSHOP

| Education Level | Program Name | Institute Name(s) & Location(s) | Dates Attended (From – To) | Status | Official Transcript(s) |
|--|--------------|---------------------------------|----------------------------|---|---|
| Secondary <input type="checkbox"/> High School <input type="checkbox"/> GED | | | | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> Requested <input type="checkbox"/> Enclosed |
| College <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma | | | | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> Requested <input type="checkbox"/> Enclosed |
| University <input type="checkbox"/> Entrance/Access <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree | | | | <input type="checkbox"/> Completed <input type="checkbox"/> Incomplete | <input type="checkbox"/> Requested <input type="checkbox"/> Enclosed |

Step 4: Choose your Pathway What are your goals for school/training?

| What college or training programs interest you? | Program Type | What interests you about this type of work or program? |
|--|----------------------------|--|
| College Access Program: January 22 nd 2022 Start Date | Certificate | |
| Pre-Health: January 22 nd Start Date | Certificate | |
| Other Post Secondary/College or University Program | Diploma Degree Other | |
| Other Training or Trades Program | | |
| Undecided | | |

Signature/ Name of Applicant

Date (Day /Month / Year)

Complete Page 2 during your Pathways Registration Workshop and send to us: recruitment@oshki.ca and kevans@oshki.ca

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