**Trev & Joyce Deeley Research Centre**

**Xavier Pelletier High School Internship Program**

**Signature Page**

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| **Applicant Name: (First, Initial, Surname):**      |
| **Name of Parent/Guardian:**      |

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| **If granted, I agree to abide by the regulations governing this program and bursary:** |
| Student Signature: Date: |
| ***Parental Endorsement*****I have read the application guidelines and this application, which is submitted with my approval. To the best of my knowledge, the information in this application is true and complete:** |
| Parent/Guardian Signature: Date: |