

THE LONGEVITY CENTRE

APPLICATION FORM

NAME:	(Last)	(First)	(Initial)
ADDRESS:			(City)
	(Postal Code)	(Phone) ()	(E-mail)
OTHER:	(Date of Birth)	(Present Occupation)	

EDUCATION:	HIGH SCHOOL:	(Name)	(Highest Grade)	(Year)
	COLLEGE:	(Name)	(Degree/Dip)	(Year)
	OTHER:	(Name)	(Award)	(Year)

REFERENCES:	NAME:	1)	2)	3)
	PHONE:			

Background: State how you heard about the program you have selected, and why you want to take it in 500 words or less. Please attach your completed response to the application form.

Proof of Eligibility: The minimum requirement for admission is a secondary school diploma, GED equivalent, or fulfillment of mature student status (19 years of age or older). Please attach proof of eligibility to application form.

PROGRAM DESIRED: (Check one)

NUTRITIONAL AWARENESS CERTIFICATE **(Level I) \$1095.14 (Includes Application Fee)**

 NUTRITIONAL COUNSELLING DIPLOMA **(Level II) \$2744.62 (Includes Application Fee)**

If you wish to pay for the course in full, please check here:
 If you wish to pay for your course through a monthly installments plan please check here:
 If you wish to pay per module, please check here:

Please refer to our course catalogue for details on course fees and payment plans.

APPLICATION:

I hereby declare that the above information is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please enclose a \$40.00 non-refundable application fee.
Payment options: Visa, MasterCard, Cheque or Money order.

Visa MasterCard Cheque Money Order

Total amount to be paid: _____

Card Number: _____ **Expiry Date:** ___ / ___ M M Y Y

Cardholder's Name: _____

Signature: _____