



# Application

Application Date \*

Project Name \*

Project Description \*

All Team Members' Names \* (Separate names by commas)

*Teams with more than four will need to be approved by Technology for Independent Living.*



## Application Page 2

Primary Contact First Name / Last Name\*

Primary Team Contact Phone \*

Primary Team Member 1 Contact Email \*

Team Member 2 Contact Email

Primary Team Member 3 Contact Email

Team Member 4 Contact Email

Are you currently enrolled in a post-secondary program at a BC Technical College or University?

Yes                  No

Associated Institution (College/University) \*

Instructor Contact First Name \*

Instructor Contact Last Name \*

Instructor Contact Phone \*

Instructor Contact Email \*

We have downloaded, filled out and submitted the [Release Form](#)\*

Yes                  No

*Should you be working as part of a team and your team is selected as the winner of the competition, we will require the SIN number for each team member as well as a requested breakdown, in writing, of the prize money allocation for your team.*

**Please save this application for your records.**

**Attach this document and other required documents and send to [tdanielson@technologyforliving.org](mailto:tdanielson@technologyforliving.org).**

Brought to you by **te

# chnology

 for living**