

Yellowhead Mining Inc.
Suite 730 - 800 West Pender Street
Vancouver, British Columbia
Canada V6C 2V6

**Yellowhead Mines School District #73 Aboriginal Trades & Professional
Application**

Name: _____

Address: _____

Home Phone: _____ Cell: _____

Names of Institutions Applied to:

1. _____

2. _____

3. _____

Please describe why you are a good candidate for this bursary:

Briefly explain how you can make your community stronger or more successful:

Transcript attached

Yes

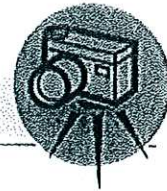
No

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Teacher/Principal/Counselor reference letter attached Yes No

Proof of enrollment/acceptance attached Yes No

Signed: _____ Date: _____



I, the undersigned, do hereby consent and agree that Yellowhead Mining, its employees, or agents have the right to take photographs, videotape, or digital recordings of me to use these in any and all media, now or hereafter known, and exclusively for the purpose of use on Yellowhead Mining website and other public relations purposes. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I do hereby release to Yellowhead Mining, its agents, and employees all rights to exhibit this work in print and electronic form publicly or privately and to market and sell copies. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media used.

I understand that there will be no financial or other remuneration for recording me, either for initial or subsequent transmission or playback.

I also understand that Yellowhead Mining is not responsible for any expense or liability incurred as a result of my participation in this recording, including medical expenses due to any sickness or injury incurred as a result.

I represent that if I am not at least 18 years of age, I will have my parent or legal guardian sign the agreement as well and that I have read and understand the foregoing statement, and am competent to execute this agreement.

Name: _____ Date: _____

Name of Parent or Guardian: _____ Date: _____

Address: _____

Phone: _____

Signature: _____

Parent or Guardian signature: _____