



# SALES EXCELLENCE AWARD

Mr.  Mrs.  Ms.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) Email: \_\_\_\_\_

Post-Secondary Institution: \_\_\_\_\_

Education Program: \_\_\_\_\_

Name of Business/Sales and Marketing Instructor:  Mr.  Mrs.  Ms. \_\_\_\_\_

Department: \_\_\_\_\_

Telephone: ( \_\_\_\_\_ ) Email: \_\_\_\_\_

Student Activities and Awards: \_\_\_\_\_

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**I hereby confirm the facts as indicated above.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Include:**

- Transcripts showing a minimum of a B average GPA
- Endorsement Letter
- Your Resume

Applications must be received by May 15th.

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**Please Mail or Email application to:**

Canadian Professional Sales Association 1920 - 2 Bloor Street E, Toronto ON, M4W 1A8 Email:

SalesSuccess@cpsa.com | Phone: (416) 408-2685 | Toll Free: 1-888-267-2772