Wholesaler Training Application and Instructions

Applications Due: August 16th, 2024

**Data Request**

**REQUESTED INFORMATION ANSWER**

|  |  |
| --- | --- |
| College/ Employer Name: |  |
| Location or Address |  |
| Phone |  |
| General Email |  |

**School/Employment Contact Information**

**REQUESTED INFORMATION ANSWER**

|  |  |
| --- | --- |
| Name |  |
| Title/ Manager’s name |  |
| Phone |  |
| General Email |  |

**Applicant Data Request**

**REQUESTED INFORMATION ANSWER**

|  |  |
| --- | --- |
| Name: |  |
| Home Address (City, State, Zip) |  |
| Class (Junior or Senior) If in school |  |
| GPA (if in school) |  |
| Major and/or Minor |  |
| Email and Phone |  |

Expected Graduation Date

Transcript Attached Yes or No

Application Video Yes or No

|  |  |
| --- | --- |
| Applicant Video – Please choose at least 2 questions from the list to answer in your 60-second video.  Instructions:  - Record video on your phone and upload to YouTube.  - Email YouTube link to:  ron@diversityinwholeslaing.com | * ***What do you think is your greatest strength and weakness?*** * ***Where do you see yourself in 5 years?*** * ***What excites you most about the AWD Wholesaler Development program?*** * ***How do you see the AWD Wholesaler Development program helping you achieve your goals in the next 5 years?*** * ***Why do you want to be part of this program?*** |