Try Out the Classroom Workshop

Application Form

***Please type or print legibly in ink***

First Name: Last Name:

Student Number:

Local Address:

***(please include street, city,***

***state and zip code)***

Home Address:

***(if different than local address)***

Phone:

***Is this your cell phone number?***

Email:

Major: Year: GPA:

Current Financial Status:

***(Do you now have scholarships/fellowships/grants funding your education? If so, please list each with the amount and duration of aid.)***

Essay: ***Why do you wish to participate in this workshop? Please describe your interests, abilities, and background that drew you to apply for this program.***