

Sunday, June 21-  
Friday, June 26

INSTRUCTIONS:

This form is to be completed by the student, signed by the student & his or her parent or guardian, and returned to:

Chowan University  
One University Place  
Murfreesboro, NC 27855

Phone: 252.398.1224  
Fax: 252.398.1237

Graphics  
summer  
Camp  
2009

STUDENT ADDRESS (please print or type)

Student's Full Name: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SCHOOL CONTACT

Name of School: \_\_\_\_\_ Telephone: \_\_\_\_\_  
School Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Graphics Instructor: \_\_\_\_\_  
School District: \_\_\_\_\_

STUDENT INFORMATION

Birth Date: \_\_\_\_\_ Male Female Class: Junior Senior  
Current GPA: \_\_\_\_\_ T-Shirt Size: S M L XL XXL OTHER \_\_\_\_\_  
Involvement in School Related Activities: \_\_\_\_\_  
\_\_\_\_\_  
Involvement In Community Activities: \_\_\_\_\_  
\_\_\_\_\_  
Hobbies / Interests: \_\_\_\_\_  
\_\_\_\_\_  
Education Plans After High School: \_\_\_\_\_  
Career Interests: \_\_\_\_\_  
\_\_\_\_\_

*I have read the information concerning the Chowan University Graphics Summer Camp and understand that my check for the \$150.00 non-refundable fee is due upon receipt of letter of acceptance.*

Student Signature: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

*please make copies for any student interested in applying*