



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
Graphics Summer Camp
One University Place
Murfreesboro, NC 27855

Phone: 252.398.1224

Fax: 252.398.1237

*Sunday, June 24-
Friday, June 29*

**Graphics
summer
Camp
2012**

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 \$100.00 non-refundable fee is due upon receipt of letter of acceptance.

Student Signature: _____ Parent/Guardian: _____

please make copies for any student interested in applying