**APPLICATION DEADLINE: Monday, July 11th**

**CAMP FEE: $275.00 (bursaries are available)**

Successful applicants will be notified within 3 business days of receipt of application. Payment is due upon acceptance. **Checks should be made payable to “Genome BC”.**

Please return completed form to:

**Attention:** Geneskool Summer Camp Program

**Email:** aport@genomebc.ca

**Fax:** 604.738.8597

**Mail:** 400 – 575 West 8th Avenue, Vancouver, BC V5Z 0C4

**General Information: *Please type or print clearly***

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Birthdate |  | Science education completed by July, 2016 |  |
|  |  dd/mm/yy |  | Grade |
| Address |  |  |  |
|  |  Street |  | Suite Number |
|  |  City, Province, Country |  | Postal Code |
| Phone |  | Email |  | School |  |

**Emergency Contact Information: *Please type or print clearly***

|  |  |  |  |
| --- | --- | --- | --- |
| First Name |  | Last Name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Relationship |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Phone |  | Phone 2 |  | Email |  |

**Please use the space below to outline any health or accessibility concerns you think will be relevant during your week at Genome BC Geneskool Summer Camp.**

|  |
| --- |
|  |
|  |
|  |

**The Genome BC Geneskool Summer Camp is open to everyone, however applicants are asked to express self-interest in the world of science. Please answer the questions below to give the Genome BC Geneskool staff a glimpse into the young minds that will be attending their program.**

***Please answer on the space provided:***

Why would you like to attend this Summer Camp program? (150 word limit)

|  |
| --- |
|  |
|  |
|  |

What is the most important quality in a scientist? Why?

|  |
| --- |
|  |
|  |
|  |

Describe how you have demonstrated an interest in science? (200 word limit)

|  |
| --- |
|  |
|  |
|  |
|  |

Is there any topic in particular related to genomics or genetics that you would like to learn about?

|  |
| --- |
|  |
|  |
| How did you find out about this program?  |

|  |  |
| --- | --- |
| Participant Signature  |   |