

AXIS@CAP Summer Workshop

The Platform, 202 E. Market Street, Indy

July 23-27 | 10:00 a.m. to 4:00 p.m.



The AXIS@CAP Summer Workshop is a one week, non-residential camp for high school students in 9th–12th grades. The workshop will take place at the Platform in Indianapolis from 10:00 am to 4:00 p.m. from July 23-27. The workshop fee is \$400 and a boxed lunch is provided. Contact us, scholarship assistance may be available.

1. Complete this application by typing or printing with black or blue ink.
2. Sections I must be completed by the applicant; Section II by the parents or legal guardian; Section III by high school educators.
3. All application materials, transcripts, and fees must be received by July 1, 2018. For questions, contact Lori Pence at lpence@bsu.edu, or call 765-285-5879.

SECTION I: To be completed by the Applicant

1. Full Legal Name: _____
LAST FIRST MIDDLE

2. Female Male 3. Date of Birth _____

4. Home address: _____
NUMBER & STREET NAME
CITY STATE ZIP

5. Home Phone: _____ Mobile Phone: _____

Complete the following:

6. YES NO Is there any disability or specific health problem (include speech and hearing) that we should be made aware of? If yes, please explain _____

7. YES NO In case of an emergency, do you have allergies to medications that we should be made aware of? If yes, what medication(s) are you allergic to: _____

8. YES NO Do you have allergies? If yes, do you have allergies to the following:
 Dairy Insect bites Gluten/Wheat Other
If other, please explain: _____

9. Briefly describe your interest in architecture (you may attach a separate sheet, if needed):

10. Preferred email address: _____ Alternate email address: _____

11. How did you hear about AXIS@CAP? _____

I hereby certify that the above information is complete and accurate.

Applicant's Signature _____ **Date** _____
APPLICANT'S FULL LEGAL NAME

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SECTION II: To be completed by a parent or legal guardian.

Father's Name: _____ Mother's Name: _____

Occupation: _____ Occupation: _____

Home Address: _____ Home Address: _____

City, State, ZIP: _____ City, State, ZIP: _____
(If same as applicant's, write SAME) (If same as applicant's, write SAME)

Email Address: _____ Email Address: _____

Phone: _____ Phone: _____

PARENT/GUARDIAN CONSENT:

As the (parent|guardian), I certify that my (son|daughter|ward) has my permission to participate in this project for secondary school students. It is my understanding that (he/she) will register at and be subject to the regulations of Ball State University. I understand that, should a health emergency arise, I will be notified, but that, if I cannot be reached by telephone, such medical treatment as deemed necessary by competent medical personnel is authorized.

Signature _____ **Date** _____
PARENT OR LEGAL GUARDIAN PRINT NAME

SECTION III: To be completed by high school personnel.

High School Name _____ CEEB# _____

School Address _____
NUMBER & STREET NAME

_____ CITY STATE ZIP

Indicate expected date of high school graduation _____

Applicant ranks _____ in a class of _____ at the end of _____ semesters.

G.P.A. _____ Combined Verbal and Math PSAT Score _____

If the applicant's exact rank is not available, approximate his/her rank and give the grade point average based on a 4.0 = A grading scale.

I personally recommend this applicant as a promising student who has high standards of character and dependability and is worthy of representing our school and community.

Signature _____ **Date** _____
COUNSELOR, PRINCIPAL, OR TEACHER PRINT NAME