MEG Energy Summer Science Camp at Mount Royal University

Application	for Sunday, Jul	lv 21.	2019 to	Saturday.	July 27.	2019
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(Ages 15-17)

Students Personal Information:

Name (please print neatly):

(Last)	(First)	(Initial)	(Preferred name)		
Birth date:///	Age: Gender/Gender Identity: <u>Male/Female/X</u>				
Mailing Address:					
No. Street Adress	City	Province	Postal Code		
Daytime Telephone Number: (_)	Students E-mail Address:			
Parent/Guardian information:					
Parent/Guardian:					
Telephone Number: ()	Е	E-mail Address:			
Parent/Guardian:					
Telephone Number: ()	Е	E-mail Address:			
Students Information:					
I am: 🗆 Status 🗆 Non-Status 🗆] Métis 🛛 Inuit				
Name of Nation (Reserve), Settl	ement, or Territory	/:			
What Treaty number is your bar	nd affiliated with (i	f any):			
Name of School:		Grade Curre	ently Enrolled:		
Dietary restrictions & food aller	gies:				
Health concerns (e.g. EpiPen, In	sulin, Accessibility	and/or Disability. Inhaler):			

APPLICATION FORMS AND ALL DOCUMENTS ARE DUE JULY 10, 2019

How did you learn about the Summer Science Camp? (e.g. Facebook, email, friend, community worker):

Please respond to the following questions. There is no word limit.

Please tell us about yourself and why you want to attend MEG Energy Summer Science Camp 2019.

Please describe your passion for the sciences and how it connects to your identity as an Indigenous person.

This question is optional: Please let us know any additional information you feel pertains to the application process.

Please note: Once accepted into the MEG Energy Summer Science Camp, you and your parents/guardians will receive an Acceptance Package that include our forms for you and your parents/guardians to complete. Please forward these completed documents to us within three business days to secure your spot.

I declare the information on this application true to the best of my knowledge.

Student Signature

Date

Parent/Guardian Signature

Date

Contact Information: Daril Bast, Madelaine McCracken, and Tyvin Twoyoungmen Iniskim Centre 4825 Mount Royal Gate SW Calgary, AB, T3E 6K6 Email: <u>iniskimsciencecamp@mtroyal.ca</u> Fax: (403) 440-7207 Phone: (403) 440-5015





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