



## **APPLICATION FORM - RESOURCE CONSERVATION WORKSHOP**

(Please fill out as completely as possible. If a question doesn't apply leave blank or put "N/A") **STUDENTS** – Please email your completed application to your local SWCD office.

1.	Student Last Name:
	Student First Name:
3.	Student Middle Initial:
	Preferred Name/Nickname:
	Date of Birth:
6.	Street:
7.	City/State:
8.	Zip:
9.	County:
10.	Email address (where workshop correspondence/details should be sent and best contact for last minute changes):
11.	Gender: Female Male
12.	Current Age:
13.	High school:
	High school rising class:
	Home Telephone:
16.	Parent/Guardian Name:
17.	Parent/Guardian Work Phone:
18.	Parent/Guardian Cell Phone:
19.	Parent/Guardian Email:
	Parent/Guardian Name:
	Parent/Guardian Work Phone:
	Parent/Guardian Cell Phone:
23.	Parent/Guardian Email:
24.	Dietary restrictions:
	Vegan
	Gluten-free
	Dairy-free
	Food Allergy:
25.	Will the student need a parking pass? Only needed for vehicles that will remain on-site at NCSU
	for the week. Yes No
26.	Previous conservation experience (clubs, activities, etc.):





27. Care	er plans,	if known:
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PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_\_ Date: \_\_\_\_\_\_
STUDENT'S SIGNATURE \_\_\_\_\_\_ Date: \_\_\_\_\_