



2010 SUMMER PROGRAM
(for students entering grades 10-12)

APPLICATION DEADLINE: Friday, June 11th, 2010

Successful applicants will be notified within 10 business days of receipt of application. Payment is due upon acceptance.

Please return completed form to GENESKOOL 2010
Email: geneskool@genomebc.ca Fax: 604.738.8597
Mail: 500 - 555 West 8th Ave. Vancouver, BC V5Z 1C6

General Information: Please type or print clearly

First Name Last Name

Birthdate Science education completed by July, 2010
dd/mm/yy Grade

Address Street Suit Number
City, Province, Country Postal Code

Phone Email School

Emergency Contact Information: Please type or print clearly

First Name Last Name

Relationship

Phone 1 Phone 2 Email

Which of the following weeks of camp are you able to attend?

(Please indicate your first choice if you are able to attend more than one week of camp)

Table with 3 columns: Date, Location, City, Priority. Rows include July 5-9, July 12-16, July 19-23, and August 16-20 with corresponding locations and costs.

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

Three horizontal lines for writing health or accessibility concerns.



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Geneskool 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 Geneskool staff a glimpse into the young minds that will be attending their program.

Please answer on the space provided:

Why do you would you like to attend this summer 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)

How did you find out about this program?

Participant Signature _____