

APPLICATION FORM - RESOURCE CONSERVATION WORKSHOP

1. Student Last Name: _____
2. Student First Name: _____
3. Student Middle Initial: _____
4. Name you'd like to be called: _____

5. Mailing Address – Street: _____
6. Mailing Address – City/State: _____
7. Mailing Address – Zip: _____
8. Mailing Address – County: _____

9. Email address where workshop correspondence should be sent (workshop details and best contact for last minute changes): _____

10. Gender: Female Male Non-binary My gender is not listed Prefer not to state My gender is: _____

11. Age: _____
12. High school name: _____
13. High school class you will enter this coming Fall (freshman, sophomore, junior, senior): _____

14. Name of Guardians: _____
15. Name of Guardian that you live with: _____
16. Home Telephone: _____

17. Guardian 1 Occupation: _____
18. Guardian 1 Work Phone #: _____
19. Guardian 1 Cell Phone #: _____
20. Guardian 1 Email Address: _____

21. Guardian 2 Occupation: _____
22. Guardian 2 Work Phone #: _____
23. Guardian 2 Cell Phone #: _____
24. Guardian 2 Email Address: _____

25. Previous conservation experience (clubs, activities, etc.): _____

26. Career plans, if known: _____
27. Dietary restrictions: Vegan
Gluten-free
Dairy-free
Food Allergy: _____
28. Will student need a parking pass? *Only needed for vehicles that will remain on-site at NCSU for the week.* Yes No

29. Candidate's Interest in Conservation (please respond using 250 words or less on back page or separate sheet) – *please note, this response is very important and will be used by the local soil and water conservation district board to determine which student to sponsor to attend the workshop; please take time to provide a thoughtful response:*
PARENT'S/GUARDIAN'S SIGNATURE _____

STUDENT'S SIGNATURE _____

STUDENTS – Please return your completed application to your local SWCD office.