



GAME ON! SKILLS BOOT CAMP  
STUDENT APPLICATION



One teacher recommendation form is required to complete your application. Please ensure you answer the questions to the best of your ability.

**Application deadline is Wednesday, October 18, 2022**

## PERSONAL DATA

MAKE SURE THIS APPLICATION FORM IS LEGIBLE

### Student Information

Last Name	First Name	Middle Name
Address & City/Town		Postal Code
Home Phone	Cell Phone	Grade
School	Date of Birth (m/d/y)	
Email Address (please write legibly, and ensure email address is current)		

### Parent/Guardian Information (if applicable)

Mother/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Mother/Guardian Email Address	
Father/Guardian Name	Work Phone
Address & City/Town (if different)	Postal Code
Father/Guardian Email Address	

# Health Information

Doctor Name		Phone
Health Card No.		
Important Medical Information		
Name of 1 <sup>st</sup> Emergency Contact		
Day Phone	Evening Phone	
Name of 2 <sup>nd</sup> Emergency Contact		
Day Phone	Evening Phone	

## Information Relevant to the Game On! Skills Boot Camps

### 1. Do you have experience in any of the following? (check all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Java                   | <input type="checkbox"/> Scratch          |
| <input type="checkbox"/> Python                 | <input type="checkbox"/> Construct 2      |
| <input type="checkbox"/> JavaScript             | <input type="checkbox"/> Unreal Engine    |
| <input type="checkbox"/> Objective-C            | <input type="checkbox"/> HTML5            |
| <input type="checkbox"/> HTML5                  | <input type="checkbox"/> Web Servers      |
| <input type="checkbox"/> OpenGL                 | <input type="checkbox"/> BuildBox         |
| <input type="checkbox"/> Web Programming        | <input type="checkbox"/> GameSalad        |
| <input type="checkbox"/> Mobile App Programming | <input type="checkbox"/> GameMaker Studio |
| <input type="checkbox"/> Other: _____           |   |

### 2. Have you completed or currently taking the following high school courses?

- Computer Science 20
- Computer Science 30

### 3. Have you ever attended any SIEC programming? (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Skills Bootcamp      | <input type="checkbox"/> Digitized                               |
| <input type="checkbox"/> Spotlight on Careers | <input type="checkbox"/> Connected: Young Woman exploring career |
| <input type="checkbox"/> Other: _____         |  |

**3. What future plans do you have involving the technology industry?**

**4. In a paragraph, explain why you believe you are a strong candidate to participate in the SIEC Game On! Skills Bootcamp.**

Voluntary Self-Declaration:

Person with a Disability

Visible Minority

Treaty/Registered (Status) Indian

Metis Person

Non-Status Indian

Inuit Person

Please indicate the name of the teacher who is filling out the recommendation form on your behalf:

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Please submit this application to:  
Megan Unrau, SIEC Program Coordinator  
Saskatoon Industry Education Council  
Email to  
megan@saskatooniec.ca