

3D Printing with CAD/CAM Boot Camp STUDENT APPLICATION One teacher recommendation form is required to be accepted into the program. Please ensure you answer the questions to the best of your ability. Deadline is **Wednesday**, **October 18**, **2023**

PERSONAL DATA

MAKE SURE THIS APPLICATION FORM IS LEGIBLE. PLEASE COMPLETE IN PEN.

Student Information

Last Name	First Name	Middle Name
Address & City/Town		Postal Code
Home Phone	Cell Phone	Grade
School	Date of Birth (mm/dd/yyyy)	
Email Address		

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 Care No.				
Important Medical Information				
Name of 1st Emergency Contact				
Day Phone	Evening Phone			
Name of 2 nd Emergency Contact				
Day Phone	Evening Phone			

Information Relevant to the 3D Printing Skills Boot Camps

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

- □ 2D CAD
- □ 3D CAD
- □ 3D printing
- □ Model processing
- □ Freeform surface modeling
- 2. Have you completed or currently taking the following high school courses?
- \Box Computer Science 20
- □ Computer Science 30

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

4. In a paragraph explain why you believe you are a strong candidate to participate in the SIEC 3D Printing Skills Boot Camp.

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 second secon	ne teacher who is filling out the rec	commendation form on your behalf:
Please submit this app	lication form through the designat	ed person in your school to:
٨	Aegan Unrau, SIEC Program Coorc Email to megan@saskatooniec.ca	dinator