



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 16, 2024

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 st Emergency Contact | | |
| Day Phone | Evening Phone | |
| Name of 2 nd 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:

Please submit this application to:
Megan Unrau, SIEC Manager of Youth Engagement
megan@saskatooniec.ca