3D ANIMATION 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 THURSDAY, MARCH 6, 2025

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 1st Emergency Contact	
Day Phone	**Evening Phone**
Name of 2nd Emergency Contact	
Day Phone	**Evening Phone**

Information Relevant to the 3D Animation Skills Boot Camp

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

☐ Tinkercad
☐ Blender
☐ Cinema 4D
☐ Adobe Illustrator
☐ HTML5
☐ Other: _____

☐ Adobe Illustrator Draw
☐ Adobe Character Animator
☐ Autodesk Maya
☐ ZBrush
☐ Lightwave 3D

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

☐ Graphic Arts 20
☐ Graphic Arts 30

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

☐ Skills Bootcamp
☐ Spotlight on Careers
☐ Other: _____

☐ Digitized
☐ Connected: Young Woman exploring career

3. What future plans do you have involving Technology or Arts industry?

4. In a paragraph, explain why you believe you are a strong candidate to participate in the SIEC 3D Animation 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:
Saskatoon Industry Education Council
Email to **programs@saskatooniec.ca**