

# Summer C.A.M.P.



## 2015 APPLICATION FORM

1. Complete all parts of this application.
2. Students should attach an essay no longer than one page describing their interest in Architecture and attending Summer C.A.M.P.
3. Send a \$75 check or money order payable to University of Cincinnati SAID Summer C.A.M.P. along with your application and essay by MAY 31, 2015 to:

University of Cincinnati School of Architecture and Interior Design  
ATTN: Kim Lawson  
P.O. Box 210016  
Cincinnati, Ohio 45221-0016

### APPLICANT INFORMATION

Name: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade (Sept. 2015): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Have you attended [ ] or applied [ ] to C.A.M.P. before? \_\_\_\_\_ If so, what year(s)? \_\_\_\_\_

The SAID Summer C.A.M.P.'s mission is to increase diversity within the architecture profession, however, all applications will be considered. Please circle all of the following that describe the applicant.

Male	African American	Caucasian	US Citizen	Other	_____
Female	Asian	Hispanic	Non US Citizen		_____

### PARENT GUARDIAN INFORMATION

Parent/Guardian: \_\_\_\_\_

Address: (If Different) \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Emergency Contact: \_\_\_\_\_

Relation to Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any special medical needs, dietary requirements, or allergies below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above statements are accurate to the best of my knowledge.

Applicant Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

How did you hear about Summer C.A.M.P.? \_\_\_\_\_

Should you have any questions, please feel free to contact us at:  
Phone: 513.556.6426 Fax: 513.556.1230 Email: SAID@uc.edu