Colorado State University
Journalism and Media Communication & Alliance Partnership

2017 Communications Institute Application

Dates: June 14-17, 2017

TYPE your information on this form by filling in the blanks on a computer or typing the information.

This Application is due no later than April 1, 2017

Name (First and Last) _____ Preferred Nichname _____

Student email _____ Student cell phone _____

Date of Birth _____ High School _____

Home Address _____ City _____ ZIP Code _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian Name _____ Phone _____

Parent/Guardian email address(es): _____

_____

Grade Fall 2017 ___ 10th ___ 11th ___ 12th Current Cummulative GPA _____

Ethnic Background: We must ask because we request funding to offset student costs based on diversity.

(mark all that apply) ___ African American ___ Caucasian/White

___ Asian American ___ Hispanic/Latino

___ Native American, Tribal Name _____

___ Other, please specify _____

Application Checklist: Only complete applications can be considerd.

1. _____ Signed application form (all information typed)
2. _____ Letter (typed, business letter style) explaining your desire to participate
3. _____ Copy of high school transcript or last report card
4. _____ Application fee of $25 payable to JMC Department (will be returned if you are NOT accepted)
5. _____ Recommendation form from an English teacher (name) _____

Applicant Confirmation:

I certify that all information is correct and complete. My application means that, if selected, I definitely plan to attend this workshop.

Signature: _____

Date: _____

My t-shirt size: ___ S ___ M ___ L ___ XL ___ XXL

Submit application to:
Clarissa Crozier
Communications Institute Coordinator
75-6143 Hoʻomama Street
Kailua Kona, HI 96740
Phone: 303-594-8589
or email your application to
clarissa.crozier@colostate.edu

Parents/Guardians:

I hereby grant approval for my teen to apply to and participate in Communications Institute June 14-17, 2017 at Colorado State University.

Signature of parent/guardian _____ Date: _____

Signature of parent/guardian _____ Date: _____