



Southern Ontario Collegiate

www.mysoc.ca

The Canadian High School/University Awareness Program

Summer Camp 2017 Application Form

Surname:		Given Names:	
Country:	Mother Tongue:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Date of Birth (dd/mm/yyyy):			
Current Grade Attending:		Current School:	
Email:		Phone Number:	
Address:			
City:		State:	Postal Code:
Select the Summer Camp Program that you would like to attend.			
<input type="checkbox"/> Go 4-Week Program		Date: July 16 – Aug 12 (McMaster LEAP Program included)	
<input type="checkbox"/> Go 3-Week Program		Date: July 16 – Aug 5	
<input type="checkbox"/> Go 2-Week Program		Date: July 16 – July 29	
If you selected the 4-Week Program above, please indicate the LEAP Program that you would like to attend. Selection should be made based on the grade you will be entering in September 2017. You can only select one*.			
<input type="checkbox"/> Engineering 101	Grade 9 - 11	<input type="checkbox"/> Electrical & Mechanical Engineering	Grade 10 - 12
<input type="checkbox"/> Science 101	Grade 9 - 11	<input type="checkbox"/> Bioengineering & Biomedical	Grade 10 - 12
<input type="checkbox"/> Business 101	Grade 9 - 11	<input type="checkbox"/> Engineering Physics	Grade 10 - 12
<input type="checkbox"/> B'Tech 101	Grade 9 - 11	<input type="checkbox"/> Civil & Environmental Engineering	Grade 10 - 12
<input type="checkbox"/> Codemakers++	Grade 9 - 11	<input type="checkbox"/> Computer Science	Grade 10 - 12
		<input type="checkbox"/> Mechanical & Materials	Grade 9 - 12
Does the applicant have allergies or medication in use?			
Contact Parent/Agency:		Phone Number:	
Signature of Applicant:		Date:	
Signature of Parent/Guardian:		Date:	

*Due to limited spaces in each course, students who apply to a course which is already full will be given the opportunity to select another course.