



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 Thursday, October 22, 2020

PERSONAL DATA

MAKE SURE THIS APPLICATION FORM IS LEGIBLE. PLEASE COMPLETE IN PEN.

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"/> Summer Youth Internship Program (SYIP) |
| <input type="checkbox"/> Connected: Young Woman exploring careers | <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 form through the designated person in your school to:
Megan Unrau, SIEC Program Coordinator
Saskatoon Industry-Education Council
Email to
megan@saskatooniec.ca