



The UW-Stevens Point College of Fine Arts and Communication's
Studio Arts Experience Application Form
 June 21-27, 2009

Name _____ Age _____ D.O.B. ____ / ____ / ____ Female Male
Last First Initial mm dd yyyy

Address _____
Street Number & Name City State Zip

Phone () _____ School _____

Anticipated Year of High School Graduation _____ Grade in School (Fall 2009) _____

Name of Applicant's Parent or Guardian _____ Daytime Phone () _____

Evening Phone () _____ Parent or Guardian E-mail _____

Returning Camper: Yes / No Year(s) Attended _____ Roommate Requested _____

PAYMENT

A \$50 non-refundable deposit is due with your application. This amount will be subtracted from your total camp bill.

I have enclosed payment for the following (please check):

Tuition

- \$50 registration deposit only**
- \$695 Full Camp COFAC registration**
includes meals, lodging, and evening activities
- \$550 Commuter Registration**
lunch only, no lodging or evening activities

Extras:

- \$55 Single Room**
as space permits
- \$20 Parking Permit**
Parents must approve all off-campus travel in advance

Total Payment Enclosed: _____

SCHOLARSHIPS: Please visit www.uwsp.edu/campcofac for scholarship qualification guidelines and application forms. You may supply the following optional information for scholarship assessment purposes:

Cumulative GPA _____ Ethnicity _____ County of Residence _____

Qualified for free/reduced lunch: Yes No

Payment Method

- Check Money Order Visa MasterCard

Credit Card # _____ Expires ____ / ____

In accordance with University policy, your credit card information will be removed from this form and shredded as soon as your payment has been processed

Please make checks payable to UWSP Camp COFAC. Applications and final payment are due by **June 8, 2009**
 Please complete entire form and send to: UWSP Continuing Education, 324 CAC, Stevens Point, WI 54481