



## **PERSONAL INFORMATION:**

Name:	T-Shirt Size:
Age: High School Attending:	Current Grade: Current GPA:
Mailing Address:	
Home Phone ()	
Email:	
Parents/Guardian(s) Names:	
Hobbies & Extracurricular Activities:	
REFERENCES:	
Please provide 2 faculty members from you	r school as references for us to Contact:
Faculty Member Name:	Program/Class:
Email:	Phone:
Faculty Member Name:	Program/Class:
Email:	Phone:
TECHNOLOGY EXPERIENCE:	
List some of the ways that you use technology	ogy in your daily life:

## **TECHNOLOGY EXPERIENCE (continued)**

Please rate your comfort level with the following areas of technology.

	What are You Talking About?	l'm Comfortable Here.	I'm a Rock Star!	
Computers:				
Windows OS				
Mac OS				
Smartphone/Tablet:				
IOS/Apple				
Android				
Windows				
Chromebooks				
Miscellaneous:				
Cloud-Based Services(Google Docs)				
Backing Up Data/Download				
MS Office Products				
Email Clients (outlook, google etc)				
Purchasing & Managing Apps				
Editing Photos/Graphics				
Social Media				
Networking				
Certification:				
I certify that the information prov that any omission or inaccurate i				
Student Signature:	Date:			
Parent/Guardian Signature:		Date:		

Applications can be emailed to Marketing@weEndeavor.com or mailed to Endeavor Communications, Attn: Marketing, PO Box 237, Cloverdale, IN 46120

Any Questions please contact Kathy Morgan at (765) 795-5554, ext 231