## CAMP S.O.U.L 2019 STUDENT APPLICATION FORM

June 9-14, 2019

## African American Arts Institute

Indiana University Bloomington

- Please note that completing this application form does not guarantee the applicant's acceptance to the program.
- Admission is free and includes room and board in the residence halls, meals, and entertainment. To be admitted students must apply and audition.
- Application Deadline: April 20, 2019
- Applicants MUST email or mail in a copy of their report card. A GPA of at least 2.5 is required.
- Please include 2 letters of recommendation: one from your instructor and one from an unrelated adult. Use the recommendation letter form found on the website here: <a href="mailto:go.iu.edu/campsoul">go.iu.edu/campsoul</a>
- Submit materials by **April 20, 2019** via email to campsoul@indiana.edu or mail to: Camp S.O.U.L., Neal-Marshall Black Culture Center Suite 310, 275 North Jordan Avenue, Bloomington, IN 47405.
- The online application can be found at go.iu.edu/campsoul.
- With questions, call 317-457-4651 or email campsoul@indiana.edu.

## STUDENT INFORMATION

First Name	Last Name					
Street Address						
City	State		Zip Code			
Phone	Emergency Ph	none				
Date of Birth	E-mail					
T-shirt Size (Circle one): S M	L XL	2XL	3XL	4XL		
EDUCATIONAL INFORMATION						
Name of School						
Current Grade Level						
Expected Graduate Date		Cumula	tive G.P.A. <sub>-</sub>			
MUSICAL INVOLVEMENT						
Are you a singer? Yes No						
If yes, how long have you developed your skills as a singer?						
What is your primary instrument?						

How long have you developed your skills on this instrument?				
What other instruments do you play?				
Describe your training and experience on your instrument or voice.				
Write a short personal statement (500 words max)				
New Applicant: Describe why you want to participate in Camp S.O.U.L. 2019.				
Returning Applicant: Describe what you learned from Camp S.O.U.L. and how you have applied it to				
your musical performances and your school work.				

## Please list any medical conditions or physical limitations that may challenge or hinder your participation in the following activities: Walking up and down stairs Doing choreography while playing and singing \_\_\_\_\_ Attending classes from 8:00am to 5:00pm \_\_\_\_\_ INSTRUCTOR CONTACT INFORMATION Name of current high school instructor \_\_\_\_\_ Subject Area \_\_\_\_\_ Email \_\_\_\_\_ Work Address \_\_\_\_\_ City \_\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Work Phone PARENT OR GUARDIAN INFORMATION First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Work Address \_\_\_\_\_

**MEDICAL INFORMATION** 

Camp S.O.U.L. is a summer program of the African American Arts Institute, a unit of the Office of Diversity, Equity, and Multicultural Affairs at Indiana University

City \_\_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_