



CAPS APPLICATION FORM

Students who will be a junior or senior during the 2016-2017 academic school year are encouraged to apply to Wasatch CAPS. To apply, complete this form and return it to your counselor. You may refer any additional questions about the program to Ryan Starks at director@wasatchcaps.org.

Student Information:

First Name:	Last Name:
Student Phone:	Email:
Mailing Address:	City:
State:	Zip Code:

Parent Information:

First Name:	Last Name:
Parent Phone:	Email:
Mailing Address:	City:
State:	Zip Code:

Please indicate your enrollment preference: One Semester Two Semesters

Indicate your first preference for courses for each semester:

FIRST SEMESTER	Rank 1-5	SECOND SEMESTER	Rank 1-5
Business, Marketing & Entrepreneurship		Business, Marketing & Entrepreneurship	
Engineering and Industrial Design		Engineering and Industrial Design	
Medicine and Health		Medicine and Health	
Digital Design and Software Development		Digital Design and Software Development	
Environmental Agriculture		Environmental Agriculture	



What do you hope to gain from the Wasatch CAPS program?

What are your career goals and aspirations?

What types of projects are you interested in?

To help us find a project that would be a good fit for your interests and passions, please describe any previous work or school experiences you have had: