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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | |  | | | | | | | First | |  | | | | | | M.I. | | | Date | |  |
| Street Address | | | |  | | | | | | | | | | | | | | Apartment/Unit # | | | | |  |
| City |  | | | | | | | | | State | |  | | | | | | ZIP | |  | | | |
| Phone |  | | | | | | | | | E-mail Address | | |  | | | | | | | | | | |
| Emergency contact | | | | |  | | | | | | Relationship to Applicant | | | | |  | | | | | | | |
| Are you currently a student? | | | | | | | YES | | NO | | | If yes, what university are you affiliated with? | | | | | | | | | | | |
| Are you over the age of 21? | | | | | | | YES | | NO | | |  | | | | | | | | | | | |
| Do you have dietary restrictions? | | | | | | | YES | | NO | | | If yes, explain | |  | | | | | | | | | |
| How would you describe your background knowledge in Philosophy? | | | | | | | | | | | | | | | | | | | | | | | |
| No background  (No Philosophy classes) | | | | | | Very little background (1-2 Philosophy classes) | | Moderate background (3-6 Philosophy classes) | | | | | | | Firm Background  (6-11 Philosophy classes) | | | | | | | Extensive background (12+ Philosophy classes) | |
| How would you describe your knowledge of Stoicism? | | | | | | | | | | | | | | | | | | | | | | | |
| No background | | | | | | Very little background | | Moderate background | | | | | | | Firm Background | | | | | | | Extensive background | |
| Please use the following space to let us know why you wish to attend Stoic Camp. | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
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| Disclaimer and Signature | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to acceptance, I understand that I must inform those at Stoic Camp that I will, or will not, be attending by Friday, April 26 and that by accepting admissions to Stoic Camp I agree to pay the admission fee. Deadline to pay this fee is Monday, April 29. I am aware that failure to do any of the aforementioned may result in a denial of attendance. | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | |  | | | | | | | | | | | | | | | Date | |  | | | | |