



MSWAT Application

Name: _____ **Age:** _____ **Male** ___ **Female** ___

Address: _____ **City:** _____ **State:** _____

Zip Code: _____ **Phone:** _____

Email Address: _____ **Grade in school:** _____

Extra Curricular Activities:

Hobbies/ Special Interest:

Describe any outdoor experiences you have had and what you learned from them. (Attach additional pages if required.)

Why do you want to be a part of this program and what do you hope to gain from this experience? (Attach additional pages if required.)
