



The Creative and Professional Writing Program at Madonna University June 26-30, 2017 36600 Schoolcraft Rd. – Livonia, MI 48150

	First Name	Last Name	
Student's E-mail: _			
tudent's Phone Nu	mber:		
tudent's Preferred	Form of Communication:	Email Voice Call	
Student's Home Ad	dress:		
	City, State, Zip C		
chool you are atter			
Frade vou are in thi	is year (2016-2017)? 11 th 10 th	□ oth □ oth □ 7th □ cth	
/hy are you interes	sted in attending the Madonna Universi	ty Summer Writing Camp? (maximum of 25	50 words –
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Write Here. Write Now. Write Away.

the session descriguaranteed.)	ptions at https://goo.gl/3BP8MY for more information. (Availability of preferred session is not
	Topical Writing & Comedy
	Poetry & Poetry Out Loud
	Graphic Novels & Cartooning
	Playwriting & Screenwriting
	Sports Media Writing & Editing Flash Fiction/Creative Writing
Please attach a le	tter of recommendation by one teacher from your school.
Name of Recom	nending Teacher:
	First Name Last Name
	First Name Last Name
	-
	First Name Last Name
Email of Recom	First Name Last Name
Email of Recomi Parent/Guardian'	First Name Last Name nending Teacher:
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Email of Recomm Parent/Guardian' Parent/Guardian' Parent/Guardian' Parent/Guardian' Parent/Guardian' Student's Dietary	First Name Last Name nending Teacher: as Name:

Include in your mailing packet: Completed Application

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Letter of Recommendation from your teacher

Check for \$225 made payable to Madonna University

Send application materials to:

Madonna University – College of Education Attn: Summer Writing Workshop 36600 Schoolcraft Rd. Livonia, MI 48150

Registration confirmation and camp information will be sent to both the parent and student.

The deadline for completed applications is $May 30^{\text{th}}$. After this date, applications will be accepted based on availability.

Note: There is a four-week cancellation policy for the camp. You must cancel four weeks prior to the first day of camp (May 26, 2017) in order to receive a full refund.