

Central Texas Cyber Program

Baylor University/McLennan Community College Cybersecurity Summer Camp 2024 Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Date of Birth: _____ Grade (After Summer): _____

List any food allergies or dietary restrictions you have: _____

At any time within the last 12 months, have you or anyone in your parents' household qualified for any of the following federal programs (check all that apply):

<input type="checkbox"/>	Medicaid or Supplemental Security Income	<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	Free or Reduced-Price School Lunch
<input type="checkbox"/>	Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)		

What is the highest degree or level of education your parents completed:

<input type="checkbox"/>	No High School Diploma	<input type="checkbox"/>	High School Diploma	<input type="checkbox"/>	GED or alternative credential	<input type="checkbox"/>	Some College
<input type="checkbox"/>	Associate's Degree	<input type="checkbox"/>	Bachelor's Degree	<input type="checkbox"/>	Master's Degree	<input type="checkbox"/>	Professional or Doctoral Degree

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

References

Please list two References (at least one must be a STEM teacher). These individuals will need to submit their recommendation separately to cybercamp@baylor.edu

Full Name: _____ Relationship: _____

School/Org.: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

School/Org.: _____ Phone: _____

Address: _____

Short Essay Questions

1. Briefly tell us about yourself.

2. What are your academic/career goals?

3. How will attending the Cybersecurity Summer Camp help you achieve your goals?

4. What Operating systems are you familiar with? What have you done with them?

Technology Familiarity

Identify your experience level with these technologies:

- | | | | | |
|------------------------------------|----------------------------------|--|---|---|
| 1. Antivirus/Anti-Malware Software | None
<input type="checkbox"/> | Heard of It,
Never Used
<input type="checkbox"/> | Some Hands-on
Experience
<input type="checkbox"/> | Extensive
Hands-on
Experience
<input type="checkbox"/> |
|------------------------------------|----------------------------------|--|---|---|

If familiar, describe your experience:

- | | | | | |
|--------------|----------------------------------|--|---|---|
| 2. Firewalls | None
<input type="checkbox"/> | Heard of It,
Never Used
<input type="checkbox"/> | Some Hands-on
Experience
<input type="checkbox"/> | Extensive
Hands-on
Experience
<input type="checkbox"/> |
|--------------|----------------------------------|--|---|---|

If familiar, describe your experience:

- | | | | | |
|-----------|----------------------------------|--|---|---|
| 3. Router | None
<input type="checkbox"/> | Heard of It,
Never Used
<input type="checkbox"/> | Some Hands-on
Experience
<input type="checkbox"/> | Extensive
Hands-on
Experience
<input type="checkbox"/> |
|-----------|----------------------------------|--|---|---|

If familiar, describe your experience:

- | | | | | |
|--|----------------------------------|--|---|---|
| 4. Virtualization (e.g., Oracle Virtual Box) | None
<input type="checkbox"/> | Heard of It,
Never Used
<input type="checkbox"/> | Some Hands-on
Experience
<input type="checkbox"/> | Extensive
Hands-on
Experience
<input type="checkbox"/> |
|--|----------------------------------|--|---|---|

If familiar, describe your experience:

- | | | | | |
|------------------------------------|----------------------------------|--|---|---|
| 5. Multi-factor/2FA Authentication | None
<input type="checkbox"/> | Heard of It,
Never Used
<input type="checkbox"/> | Some Hands-on
Experience
<input type="checkbox"/> | Extensive
Hands-on
Experience
<input type="checkbox"/> |
|------------------------------------|----------------------------------|--|---|---|

If familiar, describe your experience:

6. Installed Programs or Games on Computer or Gaming System?

- | | | | |
|--------------------------|----------------------------|-----------------------------|-------------------------------------|
| None | Heard of It,
Never Used | Some Hands-on
Experience | Extensive
Hands-on
Experience |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

If familiar, describe your experience:

7. What Social Media platforms do you use?

8. Have you ever participated in a Cybersecurity Competition or Capture the Flag event?

- | | |
|--------------------------|--------------------------|
| YES | NO |
| <input type="checkbox"/> | <input type="checkbox"/> |

If yes, identify the competition/event and describe your experience:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

(If camper is under 18, Parent/Legal Guardian sign below. Otherwise, camper sign and date.)

Signature: _____ Date: _____

Printed Name: _____

Optional Demographics

The following demographic questions are being asked to collect information for government reporting purposes and will not affect the consideration of your application:

Are you Hispanic or Latino? YES NO Prefer
 Not To Say

Select one of the following races: American Indian or Asian Black or Native Hawaiian White Prefer
 Alaska Native African or Other Pacific Not To Say
 American Islander

What is your sex: Male Female Prefer
 Not To Say