The completed Application Form (including the School Principal’s signature) should be submitted via email to chris.williams@armstrong.edu or faxed to 912-344-3441 no later than 5 pm, Friday, January 12, 2018.

All release forms may be completed after the application is approved. They however must be completed before beginning work on the project. For all details and forms please refer to the GSU Engineering Design Challenge (EDC) 2018 website: http://engineering.armstrong.edu/edc/

Please provide the following information so that we may register your team.

Name of High School: ____________________________________________________________

Street Address ________________________________________________________________

____________________________________________________________________________

School Principal: ______________________________________________________________

Principal’s Telephone __________________________________________________________

Principal’s E-mail Address ______________________________________________________

Assistant Principal (if an AP is involved in the school’s team): ______________________

AP’s Telephone ______________________________________________________________

AP’s E-mail Address __________________________________________________________

School Counselor (if counselor is involved in the school’s team): ____________________

Counselor’s Telephone _________________________________________________________

Counselor’s E-mail Address ____________________________________________________
GSU ENGINEERING DESIGN
CHALLENGE 2018
APPLICATION FORM

Head of Math, Science, or Technology Department: ________________________________

Telephone ____________________________________________________________________

E-mail Address __________________________________________________________________

Teacher (involved in the school’s team): ____________________________________________

Telephone ____________________________________________________________________

E-mail Address __________________________________________________________________

Project Mentor (local engineer): ________________________________________________

Telephone ____________________________________________________________________

E-mail Address __________________________________________________________________

□ Check here if release form has been completed

Note: If Project Mentor is not listed, the Armstrong EDC Planning Team will assign the team one.

Does the high school have a vocational program/workshop that can be used for the project? (Please explain in a few words)
______________________________________________________________________________
______________________________________________________________________________

The school administration has read the rules for the competition and agrees to comply.

Sign ____________________________ Print Name ______________________________________

Title ____________________________ Date ______________________________________

STUDENT TEAM (4 to 6 students)
1. **Student Name:** ____________________________________________

   Grade __________________________ Male □ Female □

   Cell Phone ______________________ Alternative Phone _______________________

   E-mail Address ____________________________________________________________

   Guardian or Parent Contact ________________________________________________

   Address ________________________________________________________________

   ________________________________________________________________

   Telephone ______________________________________________________________

   E-mail Address __________________________________________________________

   □ Check here if release form has been completed

2. **Student Name:** ____________________________________________

   Grade __________________________ Male □ Female □

   Cell Phone ______________________ Alternative Phone _______________________

   E-mail Address ____________________________________________________________

   Guardian or Parent Contact ________________________________________________

   Address ________________________________________________________________

   ________________________________________________________________

   Telephone ______________________________________________________________

   E-mail Address __________________________________________________________
GSU ENGINEERING DESIGN CHALLENGE 2018
APPLICATION FORM

□ Check here if release form has been completed

3. **Student Name:** ________________________________________________________________

   Grade ___________________ Male □ Female □

   Cell Phone __________________ Alternative Phone ________________________

   E-mail Address ____________________________________________________________

   Guardian or Parent Contact ________________________________________________

   Address ___________________________________________________________________

   __________________________________________________________________________

   Telephone _________________________________________________________________

   E-mail Address ____________________________________________________________

   □ Check here if release form has been completed

4. **Student Name:** ________________________________________________________________

   Grade ___________________ Male □ Female □

   Cell Phone __________________ Alternative Phone ________________________

   E-mail Address ____________________________________________________________

   Guardian or Parent Contact ________________________________________________

   Address ___________________________________________________________________

   __________________________________________________________________________
GSU ENGINEERING DESIGN CHALLENGE 2018
APPLICATION FORM

Telephone _________________________________________________________________

E-mail Address _____________________________________________________________

☐ Check here if release form has been completed

5. Student Name: _____________________________________________________________

Grade ___________________________  Male □  Female □

Cell Phone ______________________  Alternative Phone _______________________

E-mail Address _____________________________________________________________

Guardian or Parent Contact _________________________________________________

Address ___________________________________________________________________
                                                                                   ___________________________________________________________________

Telephone _________________________________________________________________

E-mail Address _____________________________________________________________

☐ Check here if release form has been completed

6. Student Name: _____________________________________________________________

Grade ___________________________  Male □  Female □

Cell Phone ______________________  Alternative Phone _______________________

E-mail Address _____________________________________________________________
Guardian or Parent Contact ____________________________________________________

Address ____________________________________________________________________

__________________________________________________________________________

Telephone _________________________________________________________________

E-mail Address _____________________________________________________________

☐ Check here if release form has been completed

Please contact the Armstrong EDC Planning Team if the team has more than 6 students.

If any changes need to be made to this application such as exclude or include students, please re-submit these as an attachment to the existing application ASAP.