



2009 Wartburg College/IBA Summer Broadcasting Workshop

APPLICATION FORM

Name _____

Address _____

City, State, Zip _____

Telephone _____ **E-mail** _____

H.S. Graduation Date _____ **GPA** _____

High School _____

Preferred Attendance Dates: ___ July 20-24 ___ July 27-31

Please attach a brief explanation of why you believe you should be a part of this exciting experience as well as a letter of recommendation.