



**Application for  
Crow Canyon Archaeological Center College Field School  
(May 19–June 22, 2019)**

**Name:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Current Address:** \_\_\_\_\_

**Current Telephone:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Preferred Gender Pronoun:** He \_\_\_\_\_ She \_\_\_\_\_ Ze \_\_\_\_\_

**Current College or University:** \_\_\_\_\_

**Major:** \_\_\_\_\_ **Minor:** \_\_\_\_\_

**Current GPA:** \_\_\_\_\_

**Year of Study in Fall 2018:** Freshman \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_  
Graduate Student \_\_\_\_\_

**Preferred Housing Preference:** Male \_\_\_\_\_ Female \_\_\_\_\_ Gender Neutral \_\_\_\_\_

**Coursework:** Please list title, course number, institution, and grade received in all college level archaeology or anthropology courses, or other college courses that are relevant to your preparedness for archaeological fieldwork, which will be completed by the beginning of the field school. Attach a separate sheet of paper if necessary.

**Experience:** Please describe any previous archaeological field or laboratory experiences you have had, including dates and sponsoring institutions.

**Goals:** Briefly explain your professional, academic, and personal goals in archaeology, and how you believe this program will benefit you.

**Personal Sketch:** Please write a brief sketch that will introduce you to other students at the field school.

**Health and Dietary Needs:** Archaeological fieldwork involves strenuous physical activity in a rural setting. Please inform us of any accommodations to your health that may be necessary for you to participate fully and safely in this class. Please describe any health conditions or concerns that may require accommodation (i.e., allergies, respiratory problems, etc.). Also, describe any dietary restrictions you have (i.e., food allergies, vegetarian, vegan, etc.).

**Can you lift 50 lbs? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Can you walk over uneven terrain? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Letter of recommendation:** In addition to this application form, you must have at least one faculty member familiar with your work submit a letter of recommendation on your behalf.

**Faculty member writing recommendation:** \_\_\_\_\_

**Contact phone or e-mail address:** \_\_\_\_\_

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please attach your resume or CV to this form and submit via e-mail to Dr. Susan C. Ryan ([sryan@crowcanyon.org](mailto:sryan@crowcanyon.org)). Letters of recommendation should be sent to this address as well.**

**Enrollment is limited. Applications received by Monday, March 4, 2019, will receive priority consideration.**