

Meadows MakerSpace

Application

Your Name: _____

(first and last name)

Grade (circle one): 1 2 3 4 5

Gender: M F

Phone: _____

Date: _____

Thank you for your interest in the MakerSpace program. You will be part of a creative team.

1. What are your interests, in and outside of school?
2. If you could invent one thing to improve the life of Meadows students, what would it be and why?
3. Do you work well in a group?
4. Why would you like to be in the MakerSpace program?
5. What qualities do you have that make you a good member of the MakerSpace program?

6. Being in the MakerSpace program means meeting to create during recess one time per week. Can you commit to this time? Yes or No

7. Name two adults at our school who know you well:
