



Please complete the attached form to apply for a seat in the Cyber Elite Challenge on October 30 – November 1, 2012 in the virtual world. You have the option to apply as an individual and be assigned to a team or to apply as a 5-person team. Return the completed form to fedcte@dhs.gov.

Participant Information (Complete one row if applying individually. Complete all rows if applying as a team. Teams must have one *Team Lead* identified):

Name	Address	E-mail Address	Phone Number	Major	Team Lead (TL) or Team Member (TM)
1.					
2.					
3.					
4.					
5.					

Each applicant must complete the following questions (copy this page 5 times for each team member):

- 1. Name:**

- 2. Name of your affiliated Academic Institution:**

- 3. Please describe your extracurricular activities (clubs, conferences, internships, etc.) that expose you to network security / information assurance concepts and skills:**

- 4. Please list any other cyber security competitions in which you have participated. Provide as many details as possible (when, where, who sponsored, etc.):**

- 5. Please list courses you have taken that have a significant security component embedded in the course:**

- 6. Please explain what you hope to learn from this competition:**

- 7. Students are required to participate in all three days of the event. Refer to the calling notice agenda to ensure you can attend all three days. Please affirm that you will be available for all three days below. Replace {name} with your name:**

I, {name}, will attend all three days.

- 8. Faculty Advisor or Student Supervisor Information:**

Name:

Title:

Phone Number:

Email Address: