

Report 2: Camp Report (due within 30 days concluding summer camp)

Start Date (MM/DD/YY):	End Date (MM/DD/YY):				
Please provide basic demographic data on your participants.					
	our program activity for the week. led camp agenda as an attachment or appendix if tha tion below.)				
(You may also submit a final detail	led camp agenda as an attachment or appendix if tha				
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	(Unfortunately, a site visit is not guaranteed. If you did not receive a site visit this year, pleased a self-reflection and provide feedback on how you believe the camp went and your own recommendations for improvement.)
5	How did/will your team make adjustments based on the feedback?
J. ┌	now dru/ will your team make adjustments based on the recuback.
6.	Share any other thoughts, comments, and concerns about your GenCyber program to date.
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Email:			
University	Name:		
Grant Num			
(H98230-XX	'-1-XXXX)		
Type of Car	np:		
(Student/Te	eacher/Combination)		
	nat:		
Camp Form	Virtual/Hybrid)		
Camp Form (In-Person/			
	itted:		
(In-Person/) Date Submi	itted: Comments:		
(In-Person/) Date Submi			