**Application for Laser Scanning workshop**

**2015 - 2016**

NOTE: Do not fill out this application unless you have already attended and completed the Reality Capture workshop during the 2015-16 year.

EAST and CAST have decided to make CAST’s high-end laser scanning (and structured light scanning) equipment and expertise available to two carefully selected EAST schools this year. If your EAST program is working on a reality capture project that needs more than photogrammetry to be successful, this is an opportunity to have access to both a $100,000+ instrument and the expertise needed to run it.

The key to this application is that your students be able to describe why their project requires an active-light scanner to capture, as opposed to a photogrammetric approach. The second major consideration is that the project must be able to be scanned in one day, as that is all the time and equipment rental being supplied.

There must be at least two students involved with the project, who are both familiar with 3D modeling, with at least one having attended the Reality Capture workshop.

**Application Instructions**

Please complete the following information form and project description. Your project description must include:

* what your final product will be and how it will be delivered to the client(s),
* what 3D software you will be using the data within,
* why reality capture is important to the project, and
* why it is essential to use an active-light scanner, as opposed to photogrammetry, to capture 3D data.

Please return your completed application to the EAST Initiative via email, fax, or mail. Applications will be reviewed jointly by the EAST Initiative and CAST.

Email: [training@eastproject.org](mailto:training@eastproject.org)

Fax: (501) 371-5030

Mail: EAST Initiative

Attn. Phaedra Hawkins

6215 Ranch Blvd.

Little Rock, AR 72223

**Submit your applications early as there are only two Laser Scanning sessions available!**

**Application for Advanced Geospatial Training**

**2015 - 2016**

**General Information**

School:

Facilitator Name:

Project Name:

Anticipated Project Completion Date:

Community Partners for Project:

Num. of Students Participating:

If you are working with another school on this project, will they be participating in the training?

Yes

No

Please list your preferred dates for this training.

1st 2nd 3rd

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Project Description