

ENOR ENVIRONMENTAL DISCOVERY CAMP SCHOLARSHIP APPLICATION

The purpose of the ENOR Scholarship program is to expand the availability of the ENOR camp experience to children who would not have the means to attend camp otherwise, and to enrich the lives of all campers participating in the program by providing an opportunity to interact with others from diverse backgrounds.

GUIDELINES

- All applications must be submitted by **March 8, 2019**. **The more complete your application, the greater your chances are for receiving a scholarship.** Incomplete applications will be returned. You will be notified of scholarship decisions no later than March 22, 2019.
- Do not register for camp separately from this application. If you register and pay before receiving a scholarship, your application will be void, and the standard cancelation policies will apply if you need to cancel your child's registration.
- To demonstrate the family's sense of commitment and responsibility towards the camp experience we request that every family should provide a **minimum of \$30/full award or \$100/partial award** towards the registration fee. Parent payment deadline – April 15, 2019.
- While indicating your first and second preference for camp sessions is part of the application process, **we cannot guarantee the award will be granted for either of those sessions.** ENOR reserves the right to assign sessions based on availability. However, we will make every effort to place your child in one of the sessions requested.

HOW SCHOLARSHIPS ARE AWARDED

A committee of volunteers from the community will meet to review applications and make awards until all funds are distributed. Scholarships will be awarded based on the following:

- **DIVERSITY** – The scholarships are intended to broaden the diversity of the life experiences of campers participating in ENOR Environmental Discovery Camp.
- **ECONOMIC NEED** – We consider family size, family situation (single parent, foster care, custodial grandparent, etc.), and extenuating circumstances when making award decisions.
- **MOTIVATION AND COMMITMENT** – To aid in the review process, written statements from campers and their parents will be assessed to help us determine the motivation and commitment of the family to support the camp experience.
- **FUNDING** – Scholarships will be awarded based on completeness of information provided and on the availability of scholarship funds.

If you need assistance completing the application, or have questions, please contact the camp coordinator at (303) 271-6637.

TO APPLY – EMAIL OR MAIL COMPLETED APPLICATION TO:

srmoore@jeffco.us

CSU Extension

Attn: ENOR Scholarship Application

15200 W 6th Avenue, Unit C

Golden CO 80401



PARTICIPANT INFORMATION – This form must be thoroughly filled out, signed and dated for your child(ren) to be considered eligible.

How many campers are you submitting applications for? _____

Do your children qualify for free or reduced lunch at school? YES NO

How many people are living in household? _____

Child #1 Name: _____ Date of birth: _____ Grade IN THE FALL 2019: _____

School: _____ Gender: _____ Race/Ethnicity (optional): _____

Child #2 Name: _____ Date of birth: _____ Grade IN THE FALL 2019: _____

School: _____ Gender: _____ Race/Ethnicity (optional): _____

Parent/guardian #1: _____ Email: _____

Cell phone: _____ Alternate phone: _____

Home Address: _____

Currently employed? YES NO

Employer/Job title/Description: _____

Parent/guardian info continued

Parent/guardian #2: _____ Authorized to pick-up? Yes No

Cell phone: _____ Alternate phone: _____

Secondary contact email: _____

Home Address (if different from above): _____

Currently employed? YES NO

Employer/Job title/Description: _____

Child's:

Doctor Name: _____ Dr. Phone/Address: _____

Dentist Name: _____ Dentist Phone/Address: _____

Hospital of Choice: _____ Hospital Phone/Address: _____

CHILD #1 NAME:

Does your child have allergies? Please list.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever had an allergic reaction from a bee sting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child carry an Epi-pen? If yes, you will be required to complete Allergy and Anaphylaxis Action Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child use an inhaler? If yes, you will be required to complete an Asthma Care Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child on any medication other than inhaler or Epi-pen including an over-the-counter medication that is taken during the camp day? If so, you will be required to complete Medication in the Camp Setting Form .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery/Accidents/Illnesses/Chronic Health Problems: If yes, please explain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The children hike in outdoor weather conditions at altitudes as high as 11,000 feet. Are there any physical limitations or any information about your child's health that are important for the supervisor to know? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything additional we should know about your child? If yes, explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CHILD #2 NAME:

Does your child have allergies? Please list.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your child ever had an allergic reaction from a bee sting?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child carry an Epi-pen? If yes, you will be required to complete Allergy and Anaphylaxis Action Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child use an inhaler? If yes, you will be required to complete an Asthma Care Plan	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child on any medication other than inhaler or Epi-pen including an over-the-counter medication that is taken during the camp day? If so, you will be required to complete Medication in the Camp Setting Form .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Surgery/Accidents/Illnesses/Chronic Health Problems: If yes, please explain.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The children hike in outdoor weather conditions at altitudes as high as 11,000 feet. Are there any physical limitations or any information about your child's health that are important for the supervisor to know? If yes, please explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there anything additional we should know about your child? If yes, explain:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

A current immunization record recorded on the Colorado Department of Health Certificate of Immunization is required for camp participation. If your child is chosen, you will be required to provide an immunization record upon acceptance.

Attach additional page if applying for more than 2 children.

EMERGENCY CONTACT INFORMATION

Please provide names and phone numbers of additional contacts in the event the parents cannot be reached in an emergency.

Name	Relationship	Phone	Alternate phone
1.			
2.			

AUTHORIZED TO PICK-UP CHILD

Please list anyone else authorized to pick-up your child in addition to the parents/guardians listed previously. Children will not be released to anyone without prior consent. Individuals will be asked to provide valid ID at pick-up.

Name	Relationship	Phone	Alternate phone
1.			
2.			
3.			
4.			

PHOTO PERMISSION

Initials

I give CSU Extension and the ENOR staff permission to use photos or video tapes of my child(ren) for promotional purposes. No names will be used unless additional parental permission is obtained.

Indicate 1st & 2nd choice of preferred camp week/drop-off location:

June 10-14/Jeffco Fairgrounds: _____ July 8-12/Apex Recreation Center, Arvada: _____ (4th, 5th & 6th grade only)
 June 17-21/Jeffco Fairgrounds: _____ July 15-19/Jeffco Fairgrounds: _____ (4th & 5th grade only)
 June 24-28/Jeffco Fairgrounds: _____ No preference – place my child wherever there is availability: _____

Hold Harmless Release Form for ENOR Environmental Discovery Camp

Hold Harmless Release: In consideration of allowing my child to participate in the Colorado State University Jefferson County Extension, ENOR/4-H program, I assume all risks in connection with the activities involved and agree to release State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, Jefferson County Extension, Jefferson County, Jeffco R-1 Schools, camp partners and their members, officers, agents, employees and any other persons or entities acting on their behalf, for any injury or damage which may befall my child(ren) while he/she is participating in said activities whether foreseen or unseen. I hereby release State of Colorado, The Board of Governors of the Colorado State University System, and Colorado State University, Jefferson County Extension, Jefferson County, Jeffco R-1 Schools, camp partners and their members, officers, agents, employees and any other persons or entities acting on their behalf, from any and all action, cause of action, claims, damages, cost, expenses, compensation, personal loss or any other loss or injury received or incurred by my child(ren) during his/her participation in ENOR. I understand that my child is not required to participate in the day camp activity(s), but grant permission for him to do so, despite the possible risks. I realize as with any activity involving motor vehicle transportation, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. I agree to hold all listed parties harmless from any claim by me or my family, estate, heirs or assigns arising out of my child(ren)'s participation in these activities.

I understand that my child's activities may involve inherent risks of injury, and death, and that my child may be exposed to hazards, including but not limited to: inclement weather (e.g., lightning, extreme temperatures); water-side activities; unimproved topographic hazards such as rough or steep trails, loose or falling rocks; poisonous or dangerous insects, reptiles or plants; wild or uncontrolled animals; fire (including intentionally set fires for biological management). It is not possible to identify all potential risks in these activities, but the day camp organizers have taken reasonable safeguards to minimize any known and potential, but unknown risks.

I have discussed with my child the importance of following directions and safety procedures that will be outlined by camp professionals prior to the activity. I have also advised my child of the appropriate clothing to wear upon the recommendations in the informational letter. I have read the contents of this affirmation and understand its contents. I understand that with any activity there is a potential for injury or damages to participants.

In signing this form, I grant camp director or supervisor the authorization to secure emergency medical treatment for the above named child while in the care of ENOR Environmental Discovery Day Camp.

I authorize the people noted on the "Pick-up Authorization" section to pick-up my child.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

Signature Parent/Guardian: _____

Date: _____

