

# 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 13, 2020**. **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 27, 2020.
- 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 17, 2020.
- 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](mailto:srmoore@jeffco.us)

CSU Extension

Attn: ENOR Scholarship Application

15200 W 6<sup>th</sup> 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 2020: \_\_\_\_\_

School: \_\_\_\_\_ Gender: \_\_\_\_\_ Race/Ethnicity (optional): \_\_\_\_\_

Child #2 Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade IN THE FALL 2020: \_\_\_\_\_

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 <b>Allergy and Anaphylaxis Action Plan</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child use an inhaler? If yes, you will be required to complete an <b>Asthma Care Plan</b>	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 <b>Medication in the Camp Setting Form</b> .	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 <b>Allergy and Anaphylaxis Action Plan</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child use an inhaler? If yes, you will be required to complete an <b>Asthma Care Plan</b>	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 <b>Medication in the Camp Setting Form</b> .	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 1<sup>st</sup> & 2<sup>nd</sup> choice of preferred camp week/drop-off location:**

June 8-12/Jeffco Fairgrounds: \_\_\_\_\_ July 6-10/Apex Recreation Center, Arvada: \_\_\_\_\_ (4<sup>th</sup>, 5<sup>th</sup> & 6<sup>th</sup> grade only)  
 June 15-19/Jeffco Fairgrounds: \_\_\_\_\_ July 13-17/Jeffco Fairgrounds: \_\_\_\_\_ (4<sup>th</sup> & 5<sup>th</sup> grade only)  
 June 22-26/Jeffco Fairgrounds: \_\_\_\_\_ No preference – place my child wherever there is availability: \_\_\_\_\_

**ENOR Environmental Discovery Camp Assumption of Risk, Release of Liability, and Indemnification**

In consideration of allowing my child\* identified below to participate in the Colorado State University Jefferson County Extension, ENOR/4-H program, the undersigned, for myself and my heirs, personal representatives and administrators, hereby agrees as follows:

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; hazardous conditions of structures and personal property; fire (including intentionally set fires for biological management); motor vehicle transportation; and hazards associated with strenuous physical activity. I understand that with any activity there is a potential for injury or damages to participants. I further understand that my child is not required to participate in the day camp activity(s), but grant permission for him/her to do so, despite the possible 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 ENOR/4-H program. I have also advised my child of the appropriate clothing to wear upon the recommendations in the program's informational letter.

To the fullest extent allowed by law, the undersigned assumes all such risks and releases, indemnifies, holds harmless, and promises not to sue, the State of Colorado, The Board of Governors of the Colorado State University System, the Colorado State University, Jefferson County Extension, the County of Jefferson, State of Colorado, Jeffco R-1 Schools, camp partners, and their respective members, officers, officials, agents, employees, assigns and any other persons or entities acting on their behalf (collectively, the "Indemnified Parties"), from and for any and all claims, damages, losses, injuries and expenses, including costs and attorneys' fees, arising out of or attributable to, my child's participation in the ENOR/4-H program.

I expressly agree that this assumption of risk, release of liability, and indemnification is intended to be as broad and inclusive as permitted by law. For example, it extends to any claims, damages, losses, injuries and expenses arising out of or attributable to the negligence of the Indemnified Parties. If any portion of this document is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Nothing contained herein shall be construed to limit any protections, immunities, or limits on liability provided the Indemnified Parties under the State's constitution or statutes including, without limitation, the Colorado Governmental Immunity Act, §24-10-101, et seq., Colorado Revised Statutes.

This document does not obligate the Indemnified Parties to provide any type of emergency medical services for my child. I hereby give my consent for emergency medical and surgical treatment in a licensed medical facility by a licensed physician should my child's condition require it. In addition, I authorize the camp director or supervisor to secure emergency medical treatment for my child by, for example, calling 911. I confirm that my child's participation does not pose a hazard to my child's health or that of other participants. I impose no specific instructions regarding treatment unless specified in the registration form submitted for my child. As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved.

If my child has a health condition and I choose not to share that information with the ENOR camp administration, or choose not to provide daily or emergency medication and applicable permission forms if needed or prescribed, I assume any risk, and release, indemnify, hold harmless, and agree not to sue the Indemnified Parties from any and all claims regarding the consequences of this choice, and am aware that 911 may be called in an emergency.

I understand that ENOR is a 4-H program that focuses on outdoor education, hiking, and developing relationships. To create an atmosphere of inclusiveness for all participants, requests for friend groupings will not be considered.

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 child named below. By my signature below, I acknowledge that I have read and understand the terms of this document.

\*If I have more than one child participating in the ENOR/4-H program, this document applies to all such children.

Signature Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

