

KuC

Summer Science Field Camp '06



**Deadline: Complete Application Must Be Received by
Monday, April 24th**

To the Summer Science Field Camp Applicant:

This program has been designed by the Kuskokwim Campus of the University of Alaska Fairbanks to identify and support talented and hard working High School Juniors & Seniors who are interested in furthering their education.

Note:

1. Applications must be filled out completely.
2. **Incomplete applications will not be considered.**
3. Mail or email the application as directed below. **Please do not fax applications.**

Application Instructions:

1. **Students and Parents** - Use the following checklist -
 - Complete & sign pages 2 & 3 of this application.
 - Complete & sign the Contract & Release (page 4 of this application).
 - Complete & sign the Medical/Allergy Notification & Consent Form (page 5).
 - Complete & sign the outdoor activity release form (pages 6 & 7).
 - Have a teacher complete a Student Assessment Form (page 8 of this application).
 - Write & include a 2 to 3 paragraph paper outlining how your interests, hobbies, & goals relate to your participation in our summer camp activities.
2. **Teachers** - fill out the Student Assessment Form (page 8 of this application). Student Assessment Forms may be either mailed with the application or sent separately.
3. Once the application is completed, **mail** or **email** it to the address below:

Dr. Corky Corkern

Kuskokwim Campus, University of Alaska Fairbanks

P.O. Box 368

Bethel, Alaska 99559

lfccc@uaf.edu

If you have any questions or concerns, please call or email me at the number/address below. Thank you and good luck!

Corky Corkern, Assistant Professor of Biology

Lead Instructor, KuC Summer Science Field Camp

lfccc@uaf.edu

1-800-478-5822 x561 or (907) 543-4561

More information at http://fc.bethel.uaf.edu/~summer_science



Summer Science Field Camp Application June 9th – July 3rd, 2006

STUDENT INFORMATION

Date: _____.

Last Name _____ First Name _____ Middle Int. _____.

Address _____ Village/City _____ State AK Zip Code _____.

Phone # (907) _____ Age _____ Birth Date / / _____ SS# _____.

Sex (circle) Male/Female _____ Email Address _____.

School Name _____ School District _____.

FAMILY INFORMATION

Father/Guardian _____.

Employer and Phone # _____.

Mother/Guardian _____.

Employer and Phone # _____.

Language Spoken at Home _____.

Does either parent/guardian have a 4 yr. degree?
Yes ___ No ___

Foster Care? Yes ___ No ___

Case Worker Name and Phone #:

Ethnicity	
CHECK ALL THAT APPLY	
<input type="checkbox"/>	Alaskan Native
<input type="checkbox"/>	Native American (Not AK)
<input type="checkbox"/>	Asian or Pacific Islands
<input type="checkbox"/>	African American/Non-Hispanic
<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Caucasian
<input type="checkbox"/>	Other (Specify) _____

FOR OFFICE USE. DO NOT FILL OUT

RANK	WEEK	MAJOR
1		

Photo Permission -	YES	NO
Medical/Allergy Free -	YES	NO
Kayak Permission-	YES	NO

INCOME DOCUMENT FORM

This information is required by the Federal Government and will be kept confidential.

Total Number of Dependents (Please Include Parents and Student): _____

Please check the annual net income range appropriate for your family. (Line 39 of Form E1040)

_____ less than \$16,815

_____ \$16,816-\$22,710

_____ \$22,711-\$28,605

_____ \$28,606-\$34,500

_____ \$33,501-\$39,720

_____ \$39,721-\$46,290

_____ \$46,291-\$52,185

_____ \$52,186-\$58,080

_____ \$58,081-\$63,975

_____ \$63,976-\$69,870

_____ >\$69,871

NON-TAXABLE INCOME: If you (parent/guardian) received non-taxable income for the previous year, please check the source(s) below:

____ Unemployment Benefits ____ AFDC ____ VA Benefits

____ Retirement Benefits ____ Food Stamps ____ Disability Benefits

____ Social Security Benefits ____ Other Sources (Specify)

STUDENT AND GUARDIAN PERMISSION FOR INFORMATION

To make sure this program can give the best support possible to our students, and to meet the reporting requirements of the U.S. Department of Education we need the ability to gather relevant information from the following agencies:

1. College and/or college transcripts or test scores.
2. Schools and school districts about test scores, grade, phase, level and/or overall performance.
3. All standardized tests administered by the State of Alaska or your specific school district. Examples include: Achievement Test, Writing Assessment Test, Benchmark Test, High School Qualifying Exam, DRP, etc...
4. SAT and/or ACT test scores.
5. Use your Social Security Number to request copies of your financial aid application, transcripts, college enrollment status, National Student Clearinghouse, post-secondary institutions and awards from the federal and state funding agencies.
6. Communicate with representatives of all these agencies and any post-secondary institutions on your behalf.

I authorize the Summer Science Field Camp Program to contact and request information, as well as share information to the above people, institutions and agencies.

Student Signature _____ Date _____

Parent/Guardian _____ Date _____

STATEMENT OF CONFIDENTIALITY

The information you provide on this form is confidential according to the Family Rights and Privacy Act. The U.S. Department of Education has the authority to gather the information requested in this application. The only persons authorized to examine the contents of this form are the students, their parents, employees at the school attended/attending and authorized Summer Science Field Camp staff.

More information at http://fc.bethel.uaf.edu/~summer_science

STUDENT AND PARENT/GUARDIAN CONTRACT

Because family support is very important in education, both students and parents/guardians need to understand that the following goals are an essential part of the program.

As a student entering the Summer Science Field Camp Program, I understand and agree to the following:

1. I will complete High School.
2. I will strive to excel so that I can pursue a post-secondary school and further my job skills.

Student,

I understand the above goals and requirements. By signing, I commit myself to the Summer Science Field Camp Program.

Student Signature

Date

Parent/Guardian,

I also understand the goals and requirements of the Summer Science Field Camp Program. By signing, I commit myself to supporting my child's education.

Parent/Guardian Signature

Date

Please Check : **Yes (ii-i)**___ **No (qang'a)**___ Is it okay if your son/daughter is interviewed, photographed, or videotaped by other students or College Camp staff for documentation, educational purposes, or on radio, TV, printed news media or promotional materials?

Medical/Allergy Notification and Consent Form

I, _____ am the

- Parent
- Legal Guardian
- Other (if selected please state your relationship _____)
(Check one box)

of the Summer Science Field Camp Student named: _____ . SS# _____.

Please answer *Yes* or *No* for all questions:

___ Yes ___ No I authorize the college camp director to administer medication as authorized by me to my child. This can include over the counter medicine such as cough medicine or Tylenol. It may include prescription medicine brought to the camp by my child.

___ Yes ___ No My child is currently **taking medication**.

___ Yes ___ No my child has an **allergy**.

If you answered "yes" to either of these questions please write the Medication, with instructions or the allergy in this Box:

Medication/Allergy: _____
 Instructions:

Leave alternative phone number to call incase of an emergency, if parents/ guardians cannot be found at home phone:

Alternative Phone Number 1: _____ Who's number: _____

Alternative Phone Number 2: _____ Who's Number: _____

Parent/Guardian Signature _____ **Date** _____

AGREEMENT TO RELEASE ALL CLAIMS FOR INJURY OR DEATH AND TO PROTECT THE UNIVERSITY AND OTHERS FROM ANY SUCH CLAIMS THAT MAY BE BROUGHT

I, _____(name), being _____ years of age, have decided to participate in kayaking and other outdoor activities at the summer camp.

I have made this choice in recognition and appreciation that there will be known and unknown risks, dangers and hazards that could injure or kill me which may be encountered in the above-mentioned kayaking. These risks, dangers and hazards include, among others, defective equipment which may break, be improperly adjusted, or be ill suited to my abilities or physical size or condition; and inadequate or erroneous information about risks, faulty warnings or improper directions from University personnel. I understand that these risks can result in permanent damage to my spine, head, mind, bones, muscles, connective tissue, organs and all other parts of my body. I recognize that these risks could kill me or leave me paralyzed, scarred, in terrible pain and emotional distress, destitute, subject to huge unpaid medical expenses, and/or no ability to earn a living. I also recognize that these consequences may be caused by the negligence, gross negligence or recklessness of the University of Alaska or my fellow students.

With all of the above risks, dangers, hazards and consequences in mind, I do hereby voluntarily assume all risks, dangers, and hazards that I may encounter during my participation in, and transportation to, from or as a part of, the kayaking. In addition, I declare that I intend that I, not the University, will be financially responsible for any death or injury that may occur to me during or as result of such participation or transportation, even if caused by the fault of the University.

Further, in consideration of being permitted to participate, I hereby agree to release the University of Alaska, the Board of Regents, officers, agents, and employees from all liability and claims of any kind. This includes claims for loss, expense, damages, punitive damages or attorney fees, which may rise on account of personal injury to me or my death. It also includes emotional distress to me or loss of companionship or support of my family, occurring during, or as a result of my participation in, or transportation to, from, or as a part of, this activity or (Course.) This release applies even if my injury or death is caused by the negligence, gross negligence, or recklessness or released parties.

Further, I promise to indemnify and hold harmless the University of Alaska, and pay its costs of defense if claims are brought by me or anyone else against any of the released parties to recover money, damages related to injuries, or death to me. This promise applies even if my injury or death is caused by the negligence, gross negligence, or recklessness of the University or other related parties.

I understand that special personal medical and accident insurance may be available to me, upon my request, through University of Alaska managed plans or otherwise, and that any obligation to purchase insurance is entirely mine.

I have entered into this agreement on the basis of my own information and not in reliance upon representations of the University or other released parties. I understand that I have the right to consult an attorney of my choice before signing. I further understand that this document contains the entire agreement and no oral or written agreements limiting or modifying the effect of the terms of this agreement exist. I agree that if any part of this agreement is held to be invalid or unenforceable for any reasons, the balance of the agreement remains valid and enforceable.

I intend that this agreement is and will be binding on my family, estate, heirs, successors, assigns, insurers, medical providers, and personal representatives.

More information at http://fc.bethel.uaf.edu/~summer_science

By my signature, I represent that I have knowingly and voluntarily signed this agreement with the intent that it be a legally binding document designed to protect the University of Alaska and other released parties from all claims which could be brought by myself or anyone else on account of injury or death to me, regardless of cause or fault.

SIGNATURE: _____ DATE: _____

ADDRESS: _____

TELEPHONE: _____

The parent(s) or guardian must sign below if the student is under 18 years of age.

In consideration of UA's allowing the student to participate in Kayaking, the undersigned parent(s) or guardian agree on their own behalf to release UA from any claim the parent(s) or guardian may have because of injury or loss suffered by the student, including injury or loss claimed to be caused by the negligence of UA. In addition, the parent(s) or guardian agree on their own behalf to protect and indemnify UA from any claim and related expenses and fees, brought at any time by the student or by anyone on the student's behalf, or by any member of the student's family, or by another course participant, arising out of the student's enrollment or participation in the activity. This indemnity includes claims based on UA's negligence, gross negligence or recklessness, but not injuries or death that were intended by UA.

SIGNATURE: _____ DATE: _____
(PARENT OR GUARDIAN or CASE WORKER)

SIGNATURE: _____ DATE _____
(PARENT OR GUADRIAN)

Summer Science Field Camp Student Assessment Form



To be filled out by the student's teacher or counselor.

To the Teacher,

Thank you for taking the time to complete this form. Because we serve every village in the Y-K Delta there will be an appropriate cap on accepted students from each village. Scores from these forms will be used to compare students from within your village to each other, not with students from other villages. When complete, mail or email this form with the application or separately to the addresses below.

Student Name _____ Age _____ Village _____

1. Indicate the system your school uses and then fill in the student's current status for each subject:

Grades _____ Phases _____ Writing _____

1(b). Student's current status:

Reading _____ Writing _____ Math _____

2. Using the following scale please rank the aptitude of the student in each category. If you are not familiar with the student's abilities in any of these aspects please mark with an X.

Exceptional	Strong	Average	Less than Average	Very Poor
5	4	3	2	1

Reading _____ Writing _____ Math _____
Science _____ Computers _____

3. Describe this student's effort in school. Use the same scale as above or you can write on the issue.

lfccc@uaf.edu

or

**Summer Science Field Camp, Kuskokwim Campus
PO Box 368
Bethel, AK 99559**

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