

Campership and Financial Assistance Guidelines University Youth Programs, Summer 2020

University Youth Programs sets aside a limited amount of funding each summer to provide financial assistance for students who demonstrate genuine financial need.

Participation in our summer camps or other structured youth activities can have many positive effects on a child's development. The more time a child is involved, the greater the benefits. In an effort to attain these benefits, the campership financial and assistance program encourages applicants to participate in more than one week of our programming.

Campership awards will be determined **after** February 28th.

Youth Leadership Program Financial Assistance awards will be determined **after** March 31st.

All applications are HELD until the deadline and compared as a group.

Factors in awarding funds include, but are not limited to state and federal income guidelines, complete and thorough application materials, documentation to support the request, referrals, funds available, the pool of applicants, camp/program availability.

In an effort to stretch the funding and allow as many children to attend as possible, there is a limit on the number of full camperships/program fee coverage per child (minus the \$25 copayment per camp/program.) Partial requests are encouraged for those who are able to afford part of the fee. Partial awards may also be decided by the program staff based on available funding and the quality of application materials.

Due to the popularity of our camps, we are reserving a limited number of registration openings in selected camps for campership recipients. Applicants may apply for other camps of their choice.*

**Note that camp choices may fill prior to the campership applications being processed and awarded. The sooner we receive your completed application and supporting documentation, the better we are able to plan for demand.*

All campership/financial assistant applicants will receive an award status notification. Your award notification will be mailed and/or emailed to the address you provide on the application if and when the campership/assistance is awarded, or you will be contacted regarding registration options.

- Recipients must pay a minimum of \$25 co-pay per camp/program due at time of campership acceptance. This fee also covers the cancellation fee for each camp/program (at a reduced rate from the standard fee).
- Everyone must return the award letter to accept or reject their award. Applicants receiving partial funding will be notified of the additional amount due and given a deadline.
- If you receive a full or partial award and choose not to accept, indicate this on the return form so that funds may become available for others.
- If you do **not** receive an award, or cannot afford the partial award given, you will be put on a waiting list in the event that additional funds become available.
- Please note that all other Youth Programs policies and fees apply to award recipients, as well.

UNIVERSITY OF MINNESOTA

Twin Cities Campus

University Recreation and Wellness

Office for Student Affairs

*123 Harvard Street S.E.
Minneapolis, MN 55455*

Office: 612-625-6800

Fax: 612-626-7708

Email: recwell@umn.edu

www.recwell.umn.edu

To Apply (applications must be complete and on time to be considered):

- 1.** Review and complete the campership/financial assistance request form, the camp registration/waiver form and list of camp choices (from the list of camps provided in this packet, as well as any other choices from our camp brochure and/or Youth Leadership Program mini-brochure.)
- 2.** Documentation is required! Attach copies. The more support you can give your application, the better.
- 3.** Remember to indicate a second (and even third) choice for each camp. If your first camp choice is full, this will speed up the process and increase your chances of getting your camp(s).
- 4.** Return all forms by the deadline with the \$10 per child application fee(s).
- 5.** Apply early to help us plan for demand.

University Youth Programs Summer 2020 Campership Request Form
Complete all areas in full and return by the deadline to be considered.

Deadline for Camperships: February 28, 2020 at 4:00pm.

- All requests are held until the deadline.
- Decisions will be made after the deadline. Applicants will be notified no later than March 20, 2020.
- Additional funding may be available after the first round of awards, but is not guaranteed.

Cost: \$10 non-refundable application fee per child. All recipients also pay minimum \$25 co-pay per camp due at time of campership acceptance.

Name of child/participant: _____ **Age** _____ **Birth date** _____

School attending now (2019-2020 school year) _____ **School City** _____

Legal Guardian Contact(s): 1) _____ 2) _____

Legal Guardian Date of Birth: 1) _____ 2) _____

Mailing address: _____ **City & Zip** _____

Home phone: _____ **Cell or other phone:** _____

Email address we can contact you at: _____

What is your connection to the University of Minnesota? ___ none (community) ___ student ___ alumni ___ staff ___ faculty

Participated in our camp(s) before? Yes / No How many? _____ What year(s) _____

Tell us about your situation: Please share your reason(s) for requesting a campership this year. _____

Do you receive (or have you applied for) County Assistance? Yes / No County _____

Do you receive any financial assistance from the University or another agency? Yes / No Agency _____

Amount of campership requested:

If you qualify and receive financial assistance in the form of reduced fees, you will be responsible for the balance due by the deadline.

Please indicate the total cost of the camp(s) you are requesting \$ _____

Please indicate the maximum amount you can pay toward the camp(s) \$ _____

DOCUMENTS to support your request. Include copies of ALL that apply to you / your family.

- Most recent tax returns (Form 1040)** It must show the name of the child applying for the campership as a dependent.
If parent/guardians file taxes separately, both federal income tax forms are required.
- Copy of the last three pay stubs and/or unemployment verification from all financial supporters of this child**
- Copy of free and reduced lunch approval from a Minnesota school district in 2019-2020 year**
- Copy of documentation of Social Security Disability**
- International families: copy of I-20 document, I-94 card and/or DS 2019. Include all that apply to you.**
- Other (describe)** _____

RETURN all forms and fees to: University Youth Programs, 1536 N Cleveland Avenue, St. Paul, MN 55108

INCLUDE this form and all materials together at the time of application, with your \$10 non-refundable and non-transferable fee.

ALL APPLICANTS:

- **Keep in mind:** We are not always able to meet all requests.
- **The camps below have a few reserved places for campership recipients.** You may apply for these camps and/or any other camps of your choice. Select other camp choices from the camp brochure, and/or the Youth Leadership Program mini-brochure.
- **Note that some camps fill quickly and may be full prior to the campership awards.**
Due to small group sizes and popularity of our program, many camps will fill before the campership decisions are made. There are a few reserved places for camperships in the camps specified below; however, if you want to guarantee a place in camp, the campership process may not be the best method. The earlier we receive your completed application and requests, the better able we are to plan for demand.
- **Financial assistance is limited to maximum of two (2) camps per child per year.**
- **Submit** your Youth Programs 2020 Registration Form, this application, camp requests, and requested supporting documentation.

CHOOSE YOUR CHILD'S CAMPS HERE:

Camp Title	Ages	Code	Camp Dates	Child's Name	1 st Choice	2 nd	3 rd
3D Design Engineering	7-8	9835	June 8-12				
3D Design Engineering	9-11	9836	June 8-12				
Outdoor Adv. Photo: Hiking	12-15	9964	June 8-12				
Nature's Kitchen	6-8	9924	June 15-19				
Circus	8-10	9821	June 15-19				
Lacrosse	11-13	9860	June 15-19				
Intro to Coding	7-9	9850	June 22-26				
Intro to Coding	10-12	9851	June 22-26				
Canoe Leadership	12-15	9965	June 22-26				
Battlebots	6-8	9839	July 6-10				
Battlebots	9-11	9844	July 6-10				
Battlebots	12-14	9845	July 6-10				
Water Journey: Drink	6-8	9959	July 13-17				
Water Journey: Drink	9-11	9960	July 13-17				
Working with Wildlife	12-15	9886	July 13-17				
Water Journeys: Rain	6-8	9961	July 20-24				
Water Journeys: Rain	9-11	9962	July 20-24				
Comic Book Creation 101	11-13	9828	July 20-24				
Tennis	6-8	9865	July 27-31				
Pokemon Art	8-10	9957	July 27-31				
The Drawing Lesson	12-14	9824	July 27-31				
Soccer	6-8	9808	August 3-7				
Rock Climbing	9-11	9941	August 3-7				
Intro to Coding	12-14	9853	August 3-7				
STEAM Makerspace	6-8	9858	August 10-14				
Geometric Art	9-11	9831	August 10-14				
Robotics	12-15	9907	August 10-14				
Lego Film	6-7	9848	August 17-21				
Wildlife Garden & Yoga	8-10	9904	August 17-21				
<i>Other Choice:</i>							
<i>Other Choice:</i>							

I have read and understood the campership and assistance application procedure and deadline information.

I verify that the personal and financial information provided with this application is complete, true and correct, and that all income is reported. I understand that all applications are confidential and their content is not shared beyond the staff necessary to process the application. I understand that application to the program does not guarantee participation.

Signature _____ Printed Name _____ Date _____

RETURN all forms and fees to: University Youth Programs, 1536 N Cleveland Avenue, St. Paul, MN 55108

**University Youth Programs Summer 2020 Youth Leadership Program
Financial Assistance Request Form**

Complete all areas in full and return by the deadline to be considered.

Deadline for Youth Leadership Program Financial Assistance: March 31, 2020 at 4:00pm.

- All requests are held until the deadline.
- Decisions will be made after the deadline. Applicants will be notified no later than April 15, 2020.
- Additional funding may be available after the first round of awards, but is not guaranteed.

Cost: \$10 non-refundable application fee per child. All recipients also pay minimum \$25 co-pay per camp/program due at time of financial assistance acceptance.

Name of child/participant: _____ **Age** _____ **Birth date** _____

School attending now (2019-2020 school year) _____ **School City** _____

Legal Guardian Contact(s): 1) _____ 2) _____

Legal Guardian Date of Birth: 1) _____ 2) _____

Mailing address: _____ **City & Zip** _____

Home phone: _____ **Cell or other phone:** _____

Email address we can contact you at: _____

What is your connection to the University of Minnesota? ___ none (community) ___ student ___ alumni ___ staff ___ faculty

Participated in our camp(s) before? Yes / No How many? _____ What year(s) _____

Tell us about your situation: Please share your reason(s) for requesting a campership this year. _____

Do you receive (or have you applied for) County Assistance? Yes / No County _____

Do you receive any financial assistance from the University or another agency? Yes / No Agency _____

Amount of campership requested:

If you qualify and receive financial assistance in the form of reduced fees, you will be responsible for the balance due by the deadline.

Please indicate the total cost of the program fees you are requesting \$ _____

Please indicate the maximum amount you can pay toward the program(s) \$ _____

DOCUMENTS to support your request. Include copies of ALL that apply to you / your family.

- Most recent tax returns (Form 1040)** It must show the name of the child you are applying for as a dependent.
If parent/guardians file taxes separately, both federal income tax forms are required.
- Copy of the last three pay stubs and/or unemployment verification from all financial supporters of this child**
- Copy of free and reduced lunch approval from a Minnesota school district in 2019-2020 year**
- Copy of documentation of Social Security Disability**
- International families: copy of I-20 document, I-94 card and/or DS 2019. Include all that apply to you.**
- Other (describe)** _____

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INCLUDE this form and all materials together at the time of application, with your \$10 non-refundable and non-transferable fee.

ALL APPLICANTS:

- **Keep in mind:** We are not always able to meet all requests.
- **Leadership Challenge and Outdoor Leadership Experience** have a limited number of spots reserved, and **Leaders-in-Training 1 & 2** has a limited dollar amount set aside for those seeking financial assistance. However, if you want to guarantee a spot in one of these, this process may not be the best method. The earlier we receive your completed application and requests, the better able we are to plan for demand.
- **Financial assistance is limited to maximum of two (2) camps/programs per child per year.**
- **Submit this application** with your Youth Programs 2020 Registration Form, camp requests (below), Leaders-in-Training application(s) if applicable, and requested supporting documentation.

CHOOSE YOUR CHILD’S CAMPS HERE:

Title	Ages	Code	Camp Dates	Participant’s Name	1 st Choice	2 nd
Outdoor Leadership Experience	14-16	9944	July 6-10			
Leadership Challenge	14-16	9921	July 20-24			
Leaders-in-Training 1	15-17	n/a	June 22-26 (Training), plus volunteer week			
Leaders-in-Training 2	15-17	n/a	June 15-19 (Training), plus volunteer week			

I have read and understood the campership and assistance application procedure and deadline information. I verify that the personal and financial information provided with this application is complete, true and correct, and that all income is reported. I understand that all applications are confidential and their content is not shared beyond the staff necessary to process the application. I understand that application to the program does not guarantee participation.

Signature _____ Printed Name _____ Date _____

RETURN all forms and fees to: University Youth Programs, 1536 N Cleveland Avenue, St. Paul, MN 55108

UNIVERSITY YOUTH PROGRAMS 2020 REGISTRATION

Child's Name _____ Date of Birth _____ Age _____ T-shirt Size youth S youth M youth L
 Check One: adult S adult M adult L

Additional Child's Name _____ Date of Birth _____ Age _____ T-shirt Size youth S youth M youth L
 Check One: adult S adult M adult L

Main Parent(s) or Guardian(s) _____ Street Address _____ City _____ State _____ Zip _____
 Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____ U of M Faculty Staff
 U of M Student

Other Parent(s) or Guardian(s) _____ Street Address _____ City _____ State _____ ZIP _____
 Home Phone _____ Work Phone _____ Cell Phone _____ Email Address _____ U of M Faculty Staff
 U of M Student

Authorized Pick-up: Additional Adults other than those listed above that are authorized to pick up child from camp.

_____	_____	_____	_____
Name	Relationship	Name	Relationship
_____	_____	_____	_____
Name	Relationship	Name	Relationship

PARTICIPATION AGREEMENT & COMPLETE WAIVER & RELEASE

I, _____, wish to register my minor child or ward (hereinafter included in the words "I," "my" and "me") to participate in the University Youth Program's Summer Day Camps, including transportation to, during and from that activity, if offered. In consideration of such participation, I agree as follows:

1. Risks. I know the Event could result in risks of harm, including severe personal injury, disability, death or property loss or damage ("Risks"). The University of Minnesota ("University") has no control over factors that may influence the Risks. I am experienced in the activities involved in the Event, and have no medical reason why such participation is not advised.

2. Release. I voluntarily and knowingly accept full responsibility for encountering all Risks, known and unknown. On behalf of myself, my child, heirs, next of kin, successors, assigns and anyone else who might claim through me, on my behalf, or who might have a claim arising out of, related to or based upon any disability, death or loss or damage to person or property I may experience as a result of the Event, I expressly forever release, indemnify and hold harmless the Regents of the University of Minnesota, University Recreation and Wellness, directors, employees, volunteers, leaders, sponsors, Event organizers, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the Event, ("Releases") from any and all loss, cost, expense or other damage of any kind, including but not limited to insurance subrogation and attorney's fees (together and singly, "Claims"). THIS PROMISE APPLIES EVEN TO CLAIMS BASED IN WHOLE OR IN PART ON RELEASEE'S NEGLIGENCE AND/OR GROSS NEGLIGENCE, TO THE EXTENT PERMITTED BY LAW. The Event is voluntary, and not a part of, or related to, my educational program, residence or employment at the University in any way.

3. Emergency. Event staff may render first aid and/or obtain medical treatment s/he deems necessary. I will be financially responsible for all costs incurred thereby, regardless of insurance coverage. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention of the nearest official immediately.

4. General. I grant Releasees full permission to use images, recordings or any other record of the Event in any medium. I will comply with stated and customary rules for participation. Event staff may terminate any participation due to conduct s/he deems inappropriate. The entry fee is non-refundable and non-transferable.

5. Jurisdiction. The laws of the State of Minnesota govern validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating thereto shall be in the State Courts in Hennepin County, Minnesota.

I HAVE READ THIS LEGALLY BINDING DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. THIS DOCUMENT MAY BE ELECTRONICALLY SIGNED. A PHOTOCOPY OR FACSIMILE WILL BE AS VALID AS AN ORIGINALLY SIGNED DOCUMENT.

 Name of Parent or Guardian

 Signature of Parent or Guardian Date

MEDICAL OR BEHAVIOR NOTES

List any medications or medical conditions that the University Youth Program's staff and medical emergency service personnel might need to be aware of. This includes any medications that your child typically takes during the school year.

Please list any behavioral or other information that may help our staff assist your child in having a positive experience, including any special assistance received during the school year.

FOR GOPHER ADVENTURES:

If you would like placement with a friend of the same age group, list name here. Requests not guaranteed. _____

REQUIRED EMERGENCY INFORMATION

Health Insurance Provider: _____ Policy Number: _____

List two individuals, other than the parents, to contact in the event that a parent or guardian cannot be reached

_____	_____	_____
Name	Relationship	Phone Number
_____	_____	_____
Name	Relationship	Phone Number

Total Camp Fees \$ _____ + \$5.50 transaction fee = \$ _____ Total Payment
 Payment Attached Check payable to University of Minnesota Cash (Your confirmation and receipt will be mailed within 1-2 weeks)