

## Campership and Financial Assistance Guidelines University Youth Programs, Summer 2024

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 23<sup>rd</sup>.

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 can 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 if additional funds become available.
- Please note that all other Youth Programs policies and fees apply to award recipients, as well.

# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

**University Recreation and Wellness**

*Office for Student Affairs*

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**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 camps listed in our camp 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 2024 Campership Request Form

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

**Deadline for Camperships:** Friday, February 23, 2024 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 15, 2024.
- 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 (2023-2024 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. \_\_\_\_\_

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**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 2023-2024 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.
- **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 a maximum of two (2) camps per child per year.**
- **Submit** your Youth Programs 2024 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 <sup>st</sup> Choice	2 <sup>nd</sup>	3 <sup>rd</sup>
Nature’s Kitchen	6-8	10435	June 10-14				
Drone Racing & Rocket Launching	9-11	10428	June 10-14				
Rock Climbing	11-14	10390	June 10-14				
Tennis	6-8	10405	June 17-18, 20-21				
Enraptured with Raptors	8-10	10418	June 17-18, 20-21				
Soccer	6-8	10401	June 24-28				
Gopher Adventures Maroon	9-10	10367	June 24-28				
Food, Agriculture & U	11-14	10447	June 24-28				
Gopher Adventures Gold	7-8	10358	July 8-12				
Minecraft Pokémon Adventures	9-11	10432	July 8-12				
Rock Climbing	9-11	10388	July 8-12				
Dungeons & Dragons	11-14	10458	July 8-12				
Scales & Tails	6-7	10442	July 15-19				
Volleyball	9-11	10410	July 15-19				
Nature Journaling	10-12	10466	July 15-19				
Gopher Adventures Juniors	6	10350	July 22-26				
Soccer	8-10	10404	July 22-26				
Rock Climbing	12-15	10393	July 22-26				
Glow & Go	6-7	10461	July 29-Aug 2				
Glow & Go	8-10	10462	July 29-Aug 2				
Lumberjack Log Rolling	9-11	10414	July 29-Aug 2				
Lego Boats	7-9	10429	August 5-9				
Art from the Heart	8-10	10450	August 5-9				
Tennis	10-12	10408	August 5-9				
Nature Detectives	6-8	10433	August 12-16				
Basketball	8-10	10386	August 12-16				
Gopher Adventures Maroon	9-10	10373	August 12-16				
<b>Other Choice:</b>							
<b>Other Choice:</b>							

*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 2024 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 (ADDITIONAL WAIVER/RELEASE REQUIRED)

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, disease, 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, disease, 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)