

AG-Discovery 2009

APPLICATION

Full Name:				
Address:				
	City:	State:	Zip Code:	
Telephone #:				
Birth Date:	Age :			
Gender:	Male		Female	
T-Shirt Size	S	M	L	XL XXL
School				
Grade (Fall 2009)				

Special Food/Dietary Restrictions:

Do you have health problems or disabilities that require special attention? If yes, please describe:

If selected to participate in the Ag-Discovery Program the following items will be required:

- *A copy of your IMMUNIZATION FORM from your physician or local health department and proof of health coverage is required upon selection)*
- *Proof of school enrollment*

Name/Phone # of Parent or Guardian: _____

Name/Phone # of Emergency Contact, if different from above: _____

PARTICIPATING UNIVERSITIES: (Select the Ag-Discovery Program you are applying for. **Please make only one selection per application.** You must submit a separate complete application package for each selection).

✓	University	Program Date
()	Florida A & M University (<i>FAMU</i>)	June 7 – 19, 2009
()	Alcorn State University (<i>ASU</i>)	June 14 – 26, 2009
()	University of Arkansas at Pine Bluff (<i>UAPB</i>)	June 14 – 26, 2009
()	Kentucky State University (<i>KSU</i>)	June 14 – 27, 2009
()	Delaware State University (<i>DSU</i>)	July 5 – 18, 2009
()	University of Maryland at College Park (<i>UM</i>)	July 12 – 24, 2009
()	North Carolina State University (<i>NCSU</i>)	July 13 – 24, 2009

Have you participated in a previous Ag-Discovery Program? Yes ___ No ___ If yes, which year and location? _____

I solemnly swear that the information given above is true to the best of my knowledge.

If selected to participate in the Ag-Discovery program, I promise to abide by the rules and regulations that govern the program and to make proper use of the educational advantages offered. If for any reason, I violate any part of the Student contract, I acknowledge that I can be dismissed from the Ag-DISCOVERY program and sent home immediately.

Applicant's signature: _____ Date _____

Student's full name: _____

Parent/Legal Guardian Signature: _____ Date _____

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ESSAY

ON A SEPARATE SHEET OF PAPER PLEASE PREPARE A 2-PAGE ESSAY WHICH ADDRESSES THE FOLLOWING QUESTION:

- “Why I Want to Attend the AG-Discovery Program at _____ (*indicate the participating university you would like to attend*)
- What I Want to Learn
- What I Want to do When I Grow Up
- The essay should also include information on your Hobbies and Interest

APPLICATION MUST BE POSTMARKED BY APRIL 17, 2009

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PARENTIAL RELEASE FORM

I certify that my child, _____, who is enrolled with this agreement, is in excellent health and may participate in strenuous physical activities associated with the Ag-DISCOVERY Summer Enrichment Program. I agree to defend, indemnify, and hold harmless the USDA-APHIS and the selected university, its officers, servants, agents and/or employees, contractors and insurers from any and all claims for injuries sustained by my child during his/her participation in the program.

Permission is hereby granted to the U.S. Department of Agriculture and (*insert name of selected university*) _____ to use pictures of my child in any promotional materials as well as to travel on field trips both in and out of state. Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child's participation in the Ag-DISCOVERY activities except as stated in writing and included with the medical history.

I understand and acknowledge that Ag-DISCOVERY does not offer any medical insurance to protect against injuries; makes no claims to do so and has no responsibility for any medical expense incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

I have received a copy of the Student Contact and I have reviewed it with my child.

Parent/Guardian Signature: _____

Date: _____

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Student Contract

Acceptance into the Ag-DISCOVERY program is a privilege, but it also requires students and parents to assume certain responsibilities.

Student: I, _____ as a participant in AG- DISCOVERY, a summer youth enrichment program sponsored by USDA-APHIS and (*insert name of selected university*)

_____ do hereby accept the conditions stipulated below:

1. I will participate in and be on time to all sessions and activities, unless excused by a staff member.
2. I will conduct myself in a respectful and courteous manner at all times.
3. I will sleep where assigned and realize that I will be in constant contact with people from varying cultures and ethnic affiliations.
4. I understand that there are guidelines regarding lights-out and bedtime and that there will be a bed check every night by a chaperone.
5. **I will not smoke or use drugs or alcohol during Ag-DISCOVERY and I understand that by doing this, I will be sent home immediately AT MY PARENT'S EXPENSE.**
6. I understand that I may be held responsible for any damage to equipment or facilities.
7. I understand that all profanity, horseplay, fighting, or inappropriate acts is prohibited.
8. I understand that other than a clock/radio, no electronic equipment (including TVs, portable radio/CD players, or computer games) will be allowed.
9. Ag-DISCOVERY participants are not allowed to have personal vehicles on campus.
10. Appropriate attire will include khaki shorts, denim shorts, t-shirts, one-piece swimsuit, tennis shoes, and/or sandals. No student will be allowed to wear overly provocative or offensive clothing.
11. I will adhere to these and all other rules of the Ag-DISCOVERY staff.

Signature of Student: _____ Date: _____

PICTURE RELEASE STATEMENT

As parent of _____ I fully understand the conditions stipulated above and hereby give full consent to USDA-APHIS and the selected university to reproduce my child's picture in future promotional material.

Parent or Legal Guardian Signature _____ Date _____

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AG-Discovery 2009
Summer Enrichment Program
Letter of Recommendation For:

(Applicant's Name)

Student: Please give this to three adults (one must be a teacher or counselor) who knows you and who is familiar with your schoolwork, interest in agriculture and work qualities. (FOR EXAMPLE: a job supervisor, teacher, counselor, elder, minister, NOT A RELATIVE)

Respondent: The individual named on this form is being considered for participation in the Ag-DISCOVERY Program, a summer enrichment boarding camp at (*insert name of selected university*) _____, sponsored by the United States Department of Agriculture, Animal and Plant Health Inspection Service. On a separate sheet of paper please provide:

Your Name and Title:

Your Address:

Your Phone Number:

PLEASE ADDRESS THE QUESTIONS LISTED BELOW:

- How do you know the Student?
- How long have you known the student?
- Address the student's character, aptitude for learning, and interest in agriculture, if known.

Signature of Respondent: _____

Your letter is confidential: **Please note the deadline for receiving application and related materials is April 17, 2009**

Send this cover page and the Letter of Recommendation in a sealed envelope to:

USDA-APHIS-CREC
Attn: Beatrice Jacobs
4700 River Road, Unit 92
Riverdale, MD. 20737

If you have any questions, please contact Ms. Beatrice Jacobs (Beatrice.f.jacobs@aphis.usda.gov) or Ms. Terry Henson (terry.a.henson@aphis.usda.gov) at (301) 734-6312.

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USDA – APHIS 2009

AG-Discovery

A complete application package should include the following materials:

- Completed application
- Two page essay
- Parental Release Form
- Three (3) Letters of Recommendation. One recommendation must be from a certified teacher or counselor. *The letters must be mailed separately by respondents*
- Proof of age (copy of birth certificate, driver's license, etc.)
- Signed Student/Parent Contract and signed Picture Release Statement

PLEASE MAIL YOUR COMPLETE APPLICATION PACKAGE TO:

For DSU, UAPB, and UM

Ms. Beatrice Jacobs
USDA, APHIS, Office of the Administrator
Civil Rights Enforcement and Compliance
4700 River Road, Unit 92
Riverdale, MD 20737-1234

For ASU

Dr. Carol Belzer
Chairperson, National Civil Rights Leadership Committee
USDA, APHIS, National Veterinary Services Laboratories
1800 Dayton Avenue
Ames, IA 50010

For Florida A&M University

Ms. Joyce Barkley
USDA, APHIS, Animal Care
4700 River Road, Unit 84
Riverdale, MD 20737-1234

For KSU

Dr. John Hollis
USDA, APHIS, Veterinary Services
Post Office Box 399
Frankfort, KY 40602

For NCSU

Ms. Nancy D. Matthews
USDA, APHIS, Plant Protection and Quarantine
920 Main Campus Drive, Suite 200
Raleigh, NC 27606

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