

2026 URBAN FORESTRY CAREERS CAMP (UFCC)
Sunday, July 12 through Saturday, July 18, 2026
University of Maryland, College Park campus

Student Application – For review purposes only. You must apply online.

Student Applicant: _____
Last First Middle

What name do you go by?

Address: _____
Street

City State Zip code

Maryland County of Residence or Baltimore City _____
(Leave blank if out-of-state)

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Date of Birth: _____ Sex: M ____ F ____ Non-binary (pronouns _____)

Your T-shirt size (adult sizes): Small ____ Medium ____ Large ____ X-Large ____

Entering Year in School in September 2026:

Sophomore ____ Junior ____ Senior ____ Freshman (college) ____

Name of High School (or College): _____

Address: _____
Street

City State Zip code

School Phone Number: _____ Principal: _____

Are you planning to attend college? Yes ____ No ____

In which Natural Resources area of study are you most interested?

Please let us know how you originally found out about UFCC (check all that apply):

- Teacher (please request source) _____
- Parent (please request source) _____
- Newspaper _____
- Online (please specify) _____
- Other (please specify) _____

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Describe (in up to 150 words) why you are interested in attending UFCC.

List your outside activities (Clubs, volunteer work, scouts, etc.).

List awards or special recognitions you have received.

2026 URBAN FORESTRY CAREERS CAMP (UFCC) Emergency Contact

Student Applicant: _____
Last First Middle

Emergency Contact Information:

Mother/Guardian Name Day Phone Evening Phone

Address City State Zip Code

Email

Father/Guardian Name Day Phone Evening Phone

Address City State Zip Code

Email

Emergency Contact (other than parent/guardian) Day Phone Evening Phone

Address City State Zip Code

2026 URBAN FORESTRY CAREERS CAMP

Medical Insurance and History*

Is your child covered by medical insurance? Yes ____ No ____

Insurance Company _____

Policy # _____ Policy Holder _____

Prescription Insurance Company _____

Policy # _____ Policy Holder _____

Is your child on any prescription medication? Yes ____ No ____

If yes, please specify: _____

Do you know of any factors that make it advisable for your child to follow a limited program of physical activity while participating in the Urban Forestry Careers Camp (UFCC)?

Yes ____ No ____

If yes, please describe: _____

Does your child require a special diet? Yes ____ No ____

Is your child a vegetarian? Yes ____ No ____

Is your child a vegan? Yes ____ No ____

Does your child have allergies? Yes ____ No ____

If yes, tell us what type of allergy (food, asthma, hay fever, poison ivy, bee stings, other allergies) and provide details: _____

Has your child had a tetanus shot? Yes ____ No ____ If yes, most recent shot date _____

- Note: All medical information is sent in a separate pdf to the Camp Director to be used in case a medical visit is required. The information is treated as confidential and will be kept in a secure location.