2027 URBAN FORESTRY CAREERS CAMP (UFCC)

Sunday, July 11 through Saturday, July 17, 2027
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 2027:

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.

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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*

2027 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.