

**SCHOLARSHIP APPLICATION COVER SHEET  
BAY AREA WRITING PROJECT YOUNG WRITERS CAMP  
SUMMER 2018**

The Bay Area Writing Project Young Writers Camp Scholarship seeks to make the Young Writers Camps accessible to those who otherwise would not be able to afford it. We understand that given different financial situations, needs may vary from full need to partial. We ask that you apply only if your needs match our goals.

Scholarship applications with supporting documents are due by the application deadline of Friday, April 27, 2018. Applicants who are awarded scholarships will be notified by Friday, May 11, 2018. Families who need to pay tuition in installments will have until Friday, June 1, 2018 to do so. Details will also be included in the acceptance letter.

Camper Name: \_\_\_\_\_  
Home address: \_\_\_\_\_ Apartment #: \_\_\_\_\_  
City: \_\_\_\_\_ Zip code: \_\_\_\_\_  
School: \_\_\_\_\_ Grade entering in Fall 2019: \_\_\_\_\_  
Location of the Young Writers Camp you wish to attend: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PLEASE MAKE SURE THAT YOUR HOME ADDRESS, TELEPHONE AND E-MAIL ADDRESS ARE LEGIBLE AND CORRECT.**

Name of Teacher writing a recommendation: \_\_\_\_\_

\*\*\*\*\*

ACKNOWLEDGEMENT: I UNDERSTAND THAT THE COMPLETION OF THIS APPLICATION DOES NOT GUARANTEE THAT I WILL RECEIVE FINANCIAL ASSISTANCE FROM THE BAY AREA WRITING PROJECT. I CERTIFY THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I ACKNOWLEDGE THAT CAMPERS RECEIVING A SCHOLARSHIP MAY BE ASKED TO WRITE A POST-CAMP REFLECTION TO SHARE ABOUT THEIR EXPERIENCE.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

## SCHOLARSHIP APPLICATION ITEMS

### **CAMPER:**

Please send a short personal statement about yourself. Why do you want to spend part of your summer at a Young Writers Camp? What would you like to learn this summer? Describe how writing has made an impact on your life or why writing is important to you.

### **TEACHER:**

Please write a brief letter of recommendation for this young person. You may indicate qualities that this young person has demonstrated that show an interest in writing. You may also address why he/she should be given the opportunity to attend a Young Writers Camp.

### **PARENT/GUARDIAN**

For each applicant, please also submit photocopies of one or more of the following documents: free and reduced-lunch verification, an assistance verification letter, both parents' most recent federal tax return and all schedules (i.e., the complete tax return), a letter of support from the school. **DO NOT SEND ORIGINALS.**

You may also write an optional letter of explanation as to why this young person should be offered a financial scholarship to attend a Young Writers Camp this summer.

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## **BAY AREA WRITING PROJECT YOUNG WRITERS CAMP SCHOLARSHIP APPLICATION COMPLETION CHECKLIST**

HAVE YOU INCLUDED THE FOLLOWING REQUIRED DOCUMENTS:

- o Completed and signed scholarship application cover sheet
- o Camper personal statement
- o Teacher recommendation letter
- o Photocopies of any additional supporting documents (ex: free and reduced lunch verification, an assistance verification letter, federal tax return and all schedules, letter of support from the school). PLEASE DO NOT SEND ORIGINAL DOCUMENTS.

YOU MAY ALSO INCLUDE THIS OPTIONAL DOCUMENT:

- o Parent letter of explanation

Send to Completed Applications and Supporting Paperwork to:

Bay Area Writing Project YWC Scholarships  
3639 Tolman Hall  
University of California, Berkeley  
Berkeley, CA 94720-1670

BAY AREA WRITING PROJECT

**EMERGENCY INFORMATION**

STUDENT'S LEGAL NAME: \_\_\_\_\_

STUDENT'S DATE OF BIRTH: \_\_\_\_\_

LEGAL RESIDENCE ADDRESS: \_\_\_\_\_

\_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

*List below **two** names of nearby friends or relatives who may be contacted  
in an emergency from 9:00 a.m. to noon during the writing camp.*

**FIRST EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

DAYTIME ADDRESS \_\_\_\_\_

**SECOND EMERGENCY CONTACT:**

NAME: \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

WORK NUMBER: \_\_\_\_\_

CELL NUMBER: \_\_\_\_\_

DAYTIME ADDRESS \_\_\_\_\_

*Please list below any medical conditions or allergies the  
student has that the teacher should be aware of:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Approved Pick-Up/Drop-Off List

## Arrival

Supervision and arrival for our program begins 10 minutes before the official start of our after school class. Teachers will be available to accept children at the site's designated arrival spot from 10 minutes before our class until the start of the class. Please make late arrival arrangements in advance with the teachers.

## Absences

It is the parent/guardian's responsibility to notify the teachers of any late arrivals or absences. The Bay Area Writing Project will not grant refunds for days missed due to tardiness, illness or other reasons.

## Pick Up

Please pick up your children on time. Staff is only available for 10 minutes after the end of class. An approved pick-up list must be completed before the start of class. The names indicated on each child's form will be the only people authorized to pick the child up. In the event that a parent/guardian would like to add another name to the list after submitting the form, an email or written note handed to the teacher will be sufficient.

## Late Pick Up

The Bay Area Writing Project late pick up policy: A late pick-up fee of \$20.00 with an additional \$1.00 for each minute will be charged beginning 10 minutes after the end of class. Late fees will rise to \$2.00 per minute if the child has been picked up late more than twice. A child may be dropped from the program at the discretion of the main office. Please be courteous and pick up your child on time. We do not have the staffing available to stay late with your child. All late payments must be provided upon arrival and paid directly to the teacher.

I have read the arrival and dismissal policies YES [  ]

Student Name: \_\_\_\_\_

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Parent(s)/Guardian(s) Phone: \_\_\_\_\_

Parent(s)/Guardian(s) Email(s): \_\_\_\_\_

Relationship(s) to Child: \_\_\_\_\_

Additional, approved adults who may pick-up or drop-off student (All adults must be prepared to show ID if questioned by school staff):

1. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

My child is approved to walk home

YES [  ]

NO [  ]

Parent/Guardian Signature:

Date:

\_\_\_\_\_

\_\_\_\_\_

**BAY AREA WRITING PROJECT CAMPS**

**CHAPERONED NEIGHBORHOOD WALK PERMISSION SLIP**

Your child, under the direct supervision of at least one teacher, may participate in an off-campus neighborhood walk as part of the writing camp curriculum. All precautions are taken to ensure each campers welfare.

I hereby grant permission for my son/daughter/ward

\_\_\_\_\_ (Name of student)

to participate in a neighborhood walk during the Bay Area Writing Project summer camp.

**PARENT/GUARDIAN SECTION**

(MUST BE COMPLETED)

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Print Name(s) or Parent/Guardian: \_\_\_\_\_

**WAIVER CLAIM:** I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the Regents of the University of California for injury, illness or death occurring during or by reason of the field trip or excursion. I, therefore, acknowledge that as a condition of my son/daughter/ward participating in said activity, I hold harmless and waive any and all claims against the Regents of the University of California including, but not limited to, claims arising out of any negligence of any officer or employees of the University, for any injury, accident, illness or death, or any loss or damage to personal property occurring during or by reason of the participation in said activity.

# Internet Usage Permission Form

Dear Parent or Guardian:

With your permission your child will be able to access the Internet during his/her participation as a student of the Bay Area Writing Project Camps. Below are the rules for use at the host school.

## Guidelines for Internet Usage

1. All students must have a signed permission slip from their parents that authorizes them access to the Internet.
2. Respect for the equipment of the school and its network is a condition for use of the computers. Consequences of damaging school property can include suspension from camp.
3. Students are to notify their camp teacher immediately if the computer they are using has been damaged or if they encounter any disturbing information on the web or in e-mail.
4. Students are not to give out personal information like telephone number, full name, address, etc. to anyone on the Internet.
5. Students are not to change their password to any of their accounts during camp or allow another student to use their account to access the Internet or school network.

## Permission

**PARENT/GUARDIAN:** I \_\_\_\_\_ give permission for my child to access the Internet, receive an email account and/or publish camp-related information and pictures on the Internet in accordance with the above guidelines.

**STUDENT:** I \_\_\_\_\_ have also read the above and will honor the Guidelines for Internet Usage as a participant of The Bay Area Writing Project Camps.



**ASSIGNMENT OF PHOTOGRAPHIC, MOTION PICTURE, VIDEO, AND SOUND RECORDING RIGHTS**

I, \_\_\_\_\_, hereby authorize THE REGENTS OF THE UNIVERSITY  
Name (please print)  
OF CALIFORNIA (the "University") and its officers, agents, and employees, to photograph, record, film, or videotape me.

I understand that any photograph, sound recording, motion picture, or video taken of me under this assignment is for the purpose of collecting and/or representing factual information in the interest of serving the University of California's mission of research, education, and public service, and for promoting the public good.

I hereby assign to the University all rights, title, and interest, including copyright, in and to any and all such photographs, sound recordings, motion pictures, or videos, and I hereby irrevocably authorize the University, its officers, agents, and employees, without limitation, to reproduce, copy, sell, exhibit, publish, or distribute, in any medium now known or later developed, any and all such photographs, sound recordings, motion pictures, or videos in perpetuity for the purposes expressed above.

I further release and forever discharge the University, its officers, agents, and employees from any and all claims and demands arising out of or in connection with the use of said photographs, sound recordings, motion pictures, or videos, including but not limited to any and all claims for invasion of privacy, defamation, or infringement of copyright.

I have read and understood the provisions of this agreement, and understand that I am free to obtain advice from legal counsel of my choice, at my expense, to interpret these provisions. By signing below, I acknowledge that I have freely and voluntarily entered into this agreement.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby certify that I am over 18 years of age: \_\_\_\_\_  
Initials

**For subjects under 18 years of age:** I hereby certify that I am the parent or guardian of the person named above, and I do hereby give my consent without reservation to the foregoing on behalf of him or her.

SIGNATURE OF  
PARENT OR GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

I have read and received a copy of this release: \_\_\_\_\_  
Minor's Initials

**Witnessed By:**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_



## WAIVER OF LIABILITY

Child's Name: \_\_\_\_\_

To accept registration and permit participation in these programs by the above individual, I, the parent or guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless the University of California, the Bay Area Writing Project, its instructors and representatives from any claim arising out of injury to the above named individual. We also hold harmless the University of California, the Bay Area Writing Project, its instructors and representatives from any claim arising out of injuries or conditions caused or aggravated by our/my refusal to obtain available medical treatment based on religious or philosophical beliefs.

In addition, I give permission to reprint, without charge, any photographs of my child taken at the Bay Area Writing Project's After School Writing Club. These photographs may be published at a future date in various publications of the Bay Area Project for promoting the writing camps.

Parent/guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_