

**SCHOLARSHIP APPLICATION COVER SHEET
BAY AREA WRITING PROJECT TEEN WRITING COURSES
SUMMER 2018**

The Bay Area Writing Project Scholarship program seeks to make the Teen Writing Courses 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.

Participant Name: _____

Home address: _____ Apartment #: _____

City: _____ Zip code: _____

School: _____ Grade entering in Fall 2019: _____

Location of the Teen Course 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

TEEN:

Please send a short personal statement about yourself. Why do you want to spend part of your summer taking one of our Teen Writing courses? 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/they should be given the opportunity to attend one of our writing courses.

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 Teen course this summer.

BAY AREA WRITING PROJECT TEEN WRITING COURSES SCHOLARSHIP APPLICATION COMPLETION CHECKLIST

HAVE YOU INCLUDED THE FOLLOWING REQUIRED DOCUMENTS:

- o Completed and signed scholarship application cover sheet
- o Teen 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 TEEN 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

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 _____

3. Name _____

Relationship to Student _____

Phone _____

Email _____

My child is approved to walk or take the bus home without a guardian at dismissal

YES [] NO []

Parent/Guardian Signature:

Date:

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.

WAIVER OF LIABILITY

Camper Name: _____

To accept registration and permit participation in these summer 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 Summer Camp. 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: _____



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: _____