



GOODRIDGE ELEMENTARY SCHOOL
FAMILY RESOURCE CENTER
3330 Cougar Path
Hebron, KY 41048
(859) 689-5870 or 334-4420

Lawrence Rodamer Summer Camp Scholarship Application

The Lawrence Rodamer Scholarship Fund, through the Goodridge Family Resource Center, is offering a limited number of summer camp scholarships. The Goodridge Family Resource Center Advisory Council is committed to assisting as many Goodridge students as possible in their quest to experience their own summer camp adventure.

The FRC Advisory Council will fund up to 3 summer camp applicants (not to exceed \$250 each/\$750 total).

Each camper applicant must provide the following:

- A letter of recommendation for your child to attend summer camp from someone not related to you. (Examples: teachers, principals, church members, neighbors, etc.)
- Parent application filled out
- Signature on form holding harmless Boone County Schools, Goodridge Family Resource Center and Goodridge Family Resource Center Advisory Council and all agents thereof from any injuries resulting from attendance at said camp scholarship is awarded to.

General Information:

- Applicants are evaluated without regard to race, religion, natural origin, sex or physical ability.
- Funding is limited and scholarships are not guaranteed to all applicants.
- Scholarships may not be awarded two years in a row.
- Incomplete applications will not be reviewed.
- Scholarships will be awarded based on need and merit.
- Scholarship Funds will not be available until after June 1, 2018

- Submit completed application**
- Submit letter of recommendation**
- Provide a brochure, flier or website for camp child would like to attend,**
- Complete and submit follow-up report and art work by August 31, 2018.**

To receive consideration for a scholarship, PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS TO: **Goodridge Family Resource Center Coordinator** by **May 10, 2018**

All fields are mandatory.

Please fill out one form per child.

Name of Child _____ Birth date ____/____/____

Parent/Guardian(s) Name(s) _____

Mailing Address _____

City _____ State _____ ZIP _____

Day Phone (_____) _____

Family Email _____

Current Grade & Teacher _____

How many children currently live in the household? _____ Please list their ages: _____

What Summer Camp is your child interested in attending? (**please attach brochure, flier or website of the camp**) _____

When is the above Summer Camp? _____

Please list the date if there is a deadline for registration. _____

Fee Amount you are requesting: \$ _____

What do you hope your child will gain from this experience?

Is your child attending any other summer camps this summer? Circle Yes No If yes, which one(s)? _____

Follow-Up

_____ (Initial) I understand my child will be required to prepare the Post-Summer Camp Report and a poster or drawing by August 31, 2018. Follow-up paperwork will be provided upon awarding of scholarship.

Parent Signature

Date

GOODRIDGE ELEMENTARY WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

1. In consideration for applying for a Goodridge Elementary/Lawrence Rodamer Summer Scholarship, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Boone County Schools, Goodridge Elementary, Goodridge Family Resource Center and Goodridge Family Resource Center Advisory Council, their officers, servants, agents, and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, for taking part in any summer camp supported by the Lawrence Rodamer Summer Camp Scholarship.

2. I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including court costs and attorney's fees that may incur due to my taking part in any summer camp supported by the Lawrence Rodamer Summer Camp Scholarship.

3. It is my express intent that this Release and Hold Harmless Agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns and personal representative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the Commonwealth of Kentucky.

4. I UNDERSTAND THAT THE RELEASES WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED WITH AN INJURY MY CHILD MAY SUSTAIN AS A RESULT of their taking part in any summer camp supported by the Lawrence Rodamer Summer Camp Scholarship.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Parent/Guardian Legal Signature _____

Date _____



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Post-Summer Camp Report

Due by August 31, 2018

PLEASE FILL OUT THIS FORM COMPLETELY AND SUBMIT WITH THE REQUIRED ITEMS (drawing or poster) to: Goodridge FRC, 3330 Cougar Path, Hebron, KY 41048 or email to laura.mosqueda@boone.kyschools.us

Name of Child _____

Birth date ____/____/____

Mailing Address _____

City _____ State _____ ZIP _____

Day Phone (____) _____ Family Email _____

Grade and Teacher _____

Where did you attend Summer Camp? _____

Which Summer Camp did you attend? _____

When did you attend Summer Camp? (please list dates) _____

Parent/Guardian – You may fill out the following for your child but please put in their words.

What did you learn at Summer Camp?

What was your favorite part of Summer Camp? Why?
