



**San Antonio Livestock Exposition (S.A.L.E.)
4-H Youth Lab Scholarship Application**

The San Antonio Livestock Exposition (S.A.L.E.) and the 4-H and Youth Development (4HYD) Unit of the Cooperative Extension Program (CEP) will award **60 \$500 scholarships** to attend Youth Lab, a pre-college program. The scholarships will be awarded to incoming 9th, 10th, and 11th-grade students who participate in 4-H programming, demonstrate historically under-served/underrepresented status, and provide a letter of recommendation (on letterhead) from a county extension staff member, classroom teacher, or school counselor/administrator. Preference is extended to youth who have participated in county 4-H programming, but application is open to all youth.

Procedures:

To receive a 4-H scholarship to attend Youth Lab, Applicants must submit a Youth Lab Camp Application by **April 9 2021**. Please fill out the application below and upload your recommendation letter before submitting to jasmall@pvamu.edu. Please type "4-H Youth Lab Scholarship Application" in the subject heading of your email.

The applications will be reviewed and scored based on a rubric by the scholarship committee by **April 12-14, 2021**. The scholarship committee will be composed of faculty and staff in the College of Agriculture and Human Sciences to score and review each application. Applicants are evaluated on their 4-H participation, historically under-served/underrepresented status, and a submitted letter of recommendation. **All scholarship recipients will be notified by April 15 2021.**

Decisions to award scholarships will be made based on 4-H participation, historically underserved/underrepresented status, and a letter of recommendation (on letterhead) from county extension staff, classroom teacher, or school counselor/administrator. Only completed Youth Lab Camp Application submissions will be considered.

For questions regarding this scholarship application, please contact:

4-H Youth Lab Scholarship:

Guadalupe Castro-

gucastro@pvamu.edu

4-H Youth Development

Agent

San Antonio Livestock Exposition (S.A.L.E.)

4-H Youth Lab Scholarship Application

Applicant Information

Participant First Name	Middle Name	Last Name
Parents First Name	Middle Name	Last Name
Race/Ethnicity (Please check all that apply)		
<input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Hispanic/Latinx <input type="checkbox"/> Not Hispanic/Latinx	
Street Address		
City	Zip Code	County
Home Phone	Cell Phone	
Participant Email Address		
Parents Email Address		

Personal Information

2020-2021 Grade Level <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> Other _____	Current Age <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> Other _____
School Attending	
At birth, you were assigned as: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)



T-Shirt Size

- ☐ X-Small ☐ Small ☐ Medium ☐ Large
☐ X-Large ☐ XX-Large ☐ XXX-Large

Are you enrolled in a 4-H Club? Which Club? Which County?

What 4-H Projects have you participated in this year?

How did your 4-H Projects prepare you to attend Youth Lab?

What are your career goals?

Why would you be a good candidate to participate in Youth Lab?

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4-H Participation

Historically Underserved/Underrepresented Status

<p>What is your median household income? (include the income of the householder and all other people 15 years and older)</p> <p><input type="checkbox"/> \$0 - \$45,300 <input type="checkbox"/> \$45,301 or above</p>	<p>Does your child qualify for free or reduced lunch at school?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>What is the highest level of education completed by the parent/guardian?</p> <p><input type="checkbox"/> Did not complete high school <input type="checkbox"/> High School/ GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Advanced Graduate Work or Ph.D.</p>	<p>Is the home language a language other than English?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Where do you live?</p> <p><input type="checkbox"/> Farm/Rural <input type="checkbox"/> Town or City (10,001 – 50,000) <input type="checkbox"/> City (over 50,001)</p>	<p>Is this a single-parent household?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Please attach a letter of recommendation (on letterhead) from county extension staff, classroom teacher, or school counselor/administrator.



**PRAIRIE VIEW
A&M UNIVERSITY**

WAIVER, INDEMNIFICATION, AND MEDICAL TREATMENT AUTHORIZATION FORM

1. EXCULPATORY CLAUSE. In consideration for receiving permission to participate in any and all activities of the 2020 Youth Lab ("activity"), which is sponsored by Cooperative Extension Program Prairie View A&M University, a member of The Texas A&M

University System, I hereby release, waive, covenant not to sue, and agree to hold harmless for any and all purposes sponsor, The Texas A&M University System, the Board of Regents for The Texas A&M University System, and their members, officers, agents, volunteers, or employees ("RELEASEES" or "INDEMNITEES") from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while participating in this activity, while traveling to and from the activity, or while on the premises owned, leased, or controlled by RELEASEES, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

2. INDEMNITY CLAUSE. I am fully aware that there are inherent risks to myself and others involved with this activity, including but not limited to walking outside and riding in rental/chartered vehicles, and I choose to voluntarily participate in this activity with full knowledge that the activity may be hazardous to me and my property, and to the person and property of others. I acknowledge there may be physically strenuous activities. I know of no medical reason why I should not participate. I agree to indemnify and hold harmless INDEMNITEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, which may occur to myself, other participants, and third-persons as a result of my participation and conduct in this activity, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of INDEMNITEES.

3. NO INSURANCE. I understand that RELEASEES do not maintain any insurance policy covering any circumstance arising from my participation in this activity or any event related to that participation. As such, I am aware that I should review my personal insurance coverage. Sponsor does not carry general liability insurance to cover claims arising from this activity so it seeks a waiver of claims as additional consideration for the right to participate so sponsor, a governmental unit of the State of Texas, can (a) provide the activity at the lowest possible cost to participants; and (b) provide access to a greater number of participants by expending limited resources on program materials rather than on liability insurance.

4. BINDS HEIRS. It is my express intent that this agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the State of Texas.

5. MEDICAL AUTHORIZATION, INDEMNITY FOR MEDICAL EXPENSES, and WAIVER. I understand RELEASEES cannot be expected to control all of the risks associated with this activity and RELEASEES may need to respond to accidents and potential emergency situations. Therefore, I hereby give my consent for any medical treatment that may be required, as determined by a medical professional at the medical facility, during my participation in this activity with the understanding that the cost of any such treatment will be my responsibility. I agree to indemnify and hold harmless INDEMNITEES for any costs incurred to treat me, even if an INDEMNITEE has signed hospital documentation promising to pay for the treatment due to my inability to sign the documentation. I further agree to release, waive, covenant not to sue, and agree to hold harmless for any and all purposes, RELEASEES from any and all liabilities, claims, demands, injuries (including death), or damages, including court costs and attorney's fees and expenses, that may be sustained by me while receiving medical care or in deciding to seek medical care, including while traveling to and from a medical care facility, including injuries sustained as a result of the sole, joint, or concurrent negligence, negligence per se, statutory fault, or strict liability of RELEASEES. I understand this waiver does not apply to injuries caused by intentional or grossly negligent conduct.

6. **VOLUNTARY SIGNATURE.** In signing this agreement I acknowledge and represent that I have read it, understand it, and sign it voluntarily as my own free act and deed; sponsor has not made and I have not relied on any oral representations, statements, or inducements apart from the terms contained in this agreement. I execute this document for full, adequate and complete consideration fully intending to be bound by the same, now and in the future. **For students engaging in extracurricular activities:** I understand I can choose not to sign this document and free myself from its terms and the associated risks of the activity by simply not participating in the activity and choosing some other activity available to me that has a lower level of risk to me. I further understand this is a voluntary, extracurricular activity; therefore it is not required for me to obtain college credits and not participating in this activity will in no way hinder my ability to obtain a degree from the university. **For students going on fieldtrips or other class-related activities:** I understand participation in this class/fieldtrip/activity is not mandatory and I will not be penalized for failing to participate in this activity because an alternative activity exists for which I can receive like credit. While I understand alternative activities are available to me that do not have the risks associated with this activity I still desire to voluntarily engage in this activity.

**SIGNING THIS DOCUMENT INVOLVES THE WAIVER OF VALUABLE LEGAL RIGHTS.
CONSULT YOUR ATTORNEY BEFORE SIGNING THIS DOCUMENT.**

SIGNED this _____ day of _____, 20____

Participant Signature: _____

Printed Name: _____

Participant's Date of Birth: _____

Parent or Legal Guardian Signature: _____

☐ Participant is under 18 years old)

Parent or Legal Guardian Printed Name: _____

☐ Participant is under 18 years old)

INSTRUCTIONS: (1) The document should be printed in a font size no smaller than 10-point type. This is 10-point type. This is 12-point type. (2) The formatting/font style **(bolded, underlined, and italicized)** in paragraph nos. 1, 2, 5 & 6 should not be altered.

TAMUS-OGC-Approved 5171'2015

Dates Attending Camp/Program: July 14-17, 2021

Camp/Program: Youth Lab

MEDICAL INFORMATION & RELEASE FORM

This form must be filled out in its entirety for participation in any camp/program.

Participant Information

Participant's Legal Name: _____ Gender: M ☐ F ☐

Last First M.I.

Nickname: _____ Birthdate: _____ Primary Phone: (____) _____

Address: _____

City: _____ State: _____ Zip: _____

Insurance Carrier and Policy/ Group #: _____

Name of Insured/Relationship to Participant: _____

Participant's Primary Care Physician: _____ Phone: _____

Emergency Contact

Parent/Guardian: _____ Additional Emergency Contact: _____

Relationship to Participant: _____ Relationship to Participant: _____

Primary Phone: _____ Primary Phone: _____

Alternate Phone: _____ Alternate Phone: _____

General Health Information

My Child's allergies, physical or medical conditions, and current medication(s) are as follows:

medical conditions. you as the parent or guardian are accountable for providing an accurate medical history'. If your child has a pre-existing medical condition, participation in any strenuous activities or recreational time may not be recommended. Final determination about whether or not the child named above should participate in any activities is the responsibility of you and your child's physician. I understand and acknowledge that my failure to disclose relevant information may result in harm to my child and / or others during this camp / program . By signing my name I represent and warrant that I have provided all relevant information regarding pre-existing medical conditions and that it is accurate and complete. I agree to notify the organizers of the camp/ program for which my child is participating in of any changes in my child's medical conditions prior to or during the camp / program .

Parent/Guardian Signature: _____ **Date:** _ _ _ _ _

AUTHORIZATION FOR DISPENSING MEDICATION

PARENT'S AUTHORIZATION

PARENT OR GUARDIAN INFORMATION			
Name of Child to Receive Medicine		Name of Medication	
Prescribing Physician	Prescription No.		Expiration Date
Dosage	When to Give		Continue Medication Until (date)

NOTE: Medication must be in its original container and labeled with your child's name and the date medication is left at the facility. Medication can only be administered in amounts according to the label directions.

Signature-Parent or Guardian

Date _____

CAREGIVER'S RECORD OF ADMINISTERING MEDICATION

[illegible]

Disposition of Left-over Medication

D Returned to Child's Parent/Guardian

☐ Thrown Away

Date: