

2017 Virginia Association of Soil and Water Conservation Districts Youth Conservation Camp Sunday, July 9 - Saturday, July 15, 2017

Camper Application - Please Print Legibly or Type (Complete Front and Back)

Please complete and return application to Henricopolis SWCD by May 1. P.O. Box 90775, Henrico, VA 23273

Applicant's First Name	oplicant's First Name Last Name				
Name as it should appear on camp	er name tag:				
Age (as of July 2017)	Gender: Male _	or Female			
Mailing Address:					
City:					
Home Phone #					
Name of High School Attending (20	016-2017)				
Grade Completed by June 2017	Field of Interest in	n Conservation			
Advisor and/or Teacher Recomme	•	ut leader, etc.) *Recommendation required:			
Relation to Applicant:					
Phone # E-Ma	ail:				
Mailing Address					
(if different from above)					
		E-Mail			
Signature of Parent or Legal Guard	dian				
**********	******	********			
Local SWCD USE ONLY: Rank:	1 2 3 4 5				
Sponsoring SWCD: Henricopoli	s SWCD	Phone #: 804-501-5175			
SWCD Staff Contact: Lindy Durh	nam	E-Mail: dur24@henrico.us			
SWCD Scholarship (if other please r	note sponsor name): Yo	es √ No Other			
Scholarship Amount: \$550.00					

Please list your hobbies & favori	ite sports: _		
Please check your background:	Urban	Rural	Farm/Agriculture
Briefly list conservation activities and water conservation, forestry	, pollution, o	or other environme	ental areas:
What is the most important envir	ronmental is	ssue in your comn	nunity or county:
Write a brief paragraph on why y be selected for this camp:			
What subjects/topics do you hop	pe to learn a	about while attend	ing Youth Conservation Camp?
		bout write attend	
Applicant's Signature			Date