Financial Assistance Guidelines
University Youth Programs, Summer 2021

University Youth Programs sets aside a limited amount of funding each summer to provide financial assistance for students who demonstrate genuine financial need.

Participation in our summer programs or other structured youth activities can have many positive effects on a child’s development. The more time a child is involved, the greater the benefits. In an effort to attain these benefits, the financial assistance program encourages applicants to participate in more than one of our programming opportunities.

Campership and Youth Leadership Program Assistance awards will be determined on a rolling basis until program registration closes or funds are not available.

Factors in awarding funds include, but are not limited to state and federal income guidelines, complete and thorough application materials, documentation to support the request, referrals, funds available, the pool of applicants and program availability.

In an effort to stretch the funding and allow as many children to attend as possible, there is a limit on the number of full financial assistance program fee coverage per child (minus the $25 co-payment per program.) Partial requests are encouraged for those who are able to afford part of the fee. Partial awards may also be decided by the program staff based on available funding and the quality of application materials.

Due to the popularity of our programs, we are reserving a limited number of registration openings in selected programs for recipients. Applicants may apply for other programs of their choice.*

*Note that program choices may fill prior to the financial assistance applications being processed and awarded. The sooner we receive your completed application and supporting documentation, the better we are able to plan for demand.

All financial assistance applicants will receive an award status notification. Your award notification will be mailed and/or emailed to the address you provide on the application if and when the assistance is awarded, or you will be contacted regarding registration options.

• Recipients must pay a minimum of $25 co-pay per program due at time of financial award acceptance. This fee also covers the cancellation fee for each program (at a reduced rate from the standard fee).
• Everyone must return the award letter to accept or reject their award. Applicants receiving partial funding will be notified of the additional amount due and given a deadline.
• If you receive a full or partial award and choose not to accept, indicate this on the return form so that funds may become available for others.
• If you do not receive an award, or cannot afford the partial award given, you will be put on a waiting list in the event that additional funds become available.
• Please note that all other Youth Programs policies and fees apply to award recipients, as well.
To Apply (applications must be complete and on time to be considered):

1. Review and complete the financial assistance request form, the program registration/waiver forms and list of program choices.

2. Documentation is required! Attach copies. The more support you can give your application, the better.

3. Remember to indicate a second (and even third) choice for each program. If your first choice is full, this will speed up the process and increase your chances of getting your program(s).

4. Return all forms by the deadline with the $10 per child application fee(s).

5. Apply early to help us plan for demand.
**Deadline for Financial Assistance:** Accepted on a rolling basis until program registration closes or funds are no longer available.

- All requests are held until funds are no longer available or the end of our 2021 programs.
- Decisions will be made on a rolling basis. Applicants will be notified up until registration closes for summer 2021 programs.
- Additional funding may be available after the first round of awards, but is not guaranteed.

**Cost:** $10 non-refundable application fee per child. All recipients also pay minimum $25 co-pay per program due at time of financial assistance acceptance.

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<thead>
<tr>
<th>Name of child/participant:</th>
<th>Age</th>
<th>Birth date</th>
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<tr>
<th>School attending now (2020/2021) school year</th>
<th>School City</th>
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<tr>
<th>Legal Guardian Contact(s):</th>
<th>1)</th>
<th>2)</th>
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<th>Legal Guardian Date of Birth:</th>
<th>1)</th>
<th>2)</th>
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<tr>
<th>Mailing address:</th>
<th>City &amp; Zip</th>
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<tr>
<th>Home phone:</th>
<th>Cell or other phone:</th>
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<th>Email address we can contact you at:</th>
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| What is your connection to the University of Minnesota? | __none (community) __ student __ alumni __ staff __ faculty |
|--------------------------------------------------------|

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<tr>
<th>Participated in our camp(s) before?</th>
<th>Yes / No</th>
<th>How many?</th>
<th>What year(s)</th>
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<tr>
<th>Tell us about your situation: Please share your reason(s) for requesting financial assistance this year.</th>
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<tr>
<th>Do you receive (or have you applied for) County Assistance?</th>
<th>Yes / No</th>
<th>County</th>
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<tr>
<th>Do you receive any financial assistance from the University or another agency?</th>
<th>Yes / No</th>
<th>Agency</th>
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<tr>
<th>Amount of financial assistance requested:</th>
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If you qualify and receive financial assistance in the form of reduced fees, you will be responsible for the balance due by the deadline.

Please indicate the total cost of the program(s) you are requesting: $_____________

Please indicate the maximum amount you can pay toward the programs(s): $_____________

**DOCUMENTS** to support your request. Include copies of ALL that apply to you / your family.

- [ ] Most recent tax returns (Form 1040) It must show the name of the child applying for the financial assistance as a dependent. If parent/guardians file taxes separately, both federal income tax forms are required.
- [ ] Copy of the last three pay stubs and/or unemployment verification from all financial supporters of this child
- [ ] Copy of free and reduced lunch approval from a Minnesota school district in 2020/2021 year
- [ ] Copy of documentation of Social Security Disability
- [ ] International families: copy of I-20 document, I-94 card and/or DS 2019. Include all that apply to you.
- [ ] Other (describe) ____________________________
INCLUDE this form and all materials together at the time of application, with your $10 non-refundable and non-transferable fee.

ALL APPLICANTS:

- NEW PROCESS THIS YEAR: Let us know what programs your youth is excited about. Check out our brochure to view Summer 2021 programming options and write in your choices below.
- Note that some programs fill quickly and may be full prior to the financial assistance awards. Due to small group sizes and popularity of our program, many programs will fill before the assistance decisions are made. There are a few reserved places for financial assistance recipients in the programs specified below; however, if you want to guarantee a place in a program, the financial assistance process may not be the best method. The earlier we receive your completed application and requests, the better able we are to plan for demand.
- Interested in becoming one of our Buy One, Give One (BOGO) recipients? Check the box in the request grid below and select which kits you are most interested in from the list. Recipients will be drawn at random and on a rolling basis when an activities kit is gifted. The $25 co-pay does not apply to the BOGO program.

REQUEST YOUR CHILD’S PROGRAMS HERE:

<table>
<thead>
<tr>
<th>Camp</th>
<th>Program Ages</th>
<th>Code</th>
<th>Program Dates</th>
<th>Child’s Name</th>
<th>1st Choice</th>
<th>2nd Choice</th>
<th>Sign up for BOGO?</th>
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Buy One, Give One Options: Check out the options to the right and let us know which kits your child is most interested in. If your child’s name is drawn, we will contact you.

☐ Gopher Adventures
☐ Color Collisions
☐ Imagination Station
☐ Space and Science
☐ Super Sleuth
☐ Wizards of YP: Summer Magic
☐ Wizards of YP: Magic Marvel
☐ Spaces & Places
☐ Signs & Symbols
☐ Geology
☐ Hydrology
☐ Atmosphere
☐ The Drawing Lesson
☐ Comic Book Creation
☐ Green in the City

- Keep in mind: We are not always able to meet all requests.
- Space has been reserved in our programs for financial assistance recipients. Select your program choices from the Summer 2021 brochure, including the Youth Leadership Program and fill in the requested information below.
- Financial assistance is limited to maximum of two (2) programs per child per year.
- Submit your Youth Programs 2021 Registration Form, this application, program requests, and requested supporting documentation.

I have read and understood the financial assistance application procedure and deadline information. I verify that the personal and financial information provided with this application is complete, true and correct, and that all income is reported. I understand that all applications are confidential and their content is not shared beyond the staff necessary to process the application. I understand that application to the program does not guarantee participation.

Signature___________________________Printed Name___________________________Date__________________________

RETURN all forms and fees to: University Youth Programs, 1536 N Cleveland Avenue, St. Paul, MN 55108
University Youth Programs Summer 2021 Youth Leadership Program
Financial Assistance Request Form
Complete all areas in full and return by the deadline to be considered.

Deadline for Youth Leadership Program Financial Assistance: Accepted until program registration closes or funds are no longer available.

- Decisions will be made on a rolling basis. Applicants will be notified up until registration closes for summer 2021 programs.
- Additional funding may be available after the first round of awards, but is not guaranteed.

Cost: $10 non-refundable application fee per child. All recipients also pay minimum $25 co-pay per camp/program due at time of financial assistance acceptance.

Name of child/participant: __________________________ Age ________ Birth date ________

School attending now (2020-2021 school year) __________________________ School City __________________________

Legal Guardian Contact(s): 1) __________________________ 2) __________________________

Legal Guardian Date of Birth: 1) ________ 2) ________

Mailing address: __________________________ City & Zip __________________________

Home phone: __________________________ Cell or other phone: __________________________

Email address we can contact you at: __________________________

What is your connection to the University of Minnesota? __none (community) __ student __ alumni __ staff __ faculty

Participated in our camp(s) before? Yes / No How many? __________ What year(s) __________

Tell us about your situation: Please share your reason(s) for requesting financial assistance this year. __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you receive (or have you applied for) County Assistance? Yes / No County __________________________

Do you receive any financial assistance from the University or another agency? Yes / No Agency __________________________

Amount of financial assistance requested:
If you qualify and receive financial assistance in the form of reduced fees, you will be responsible for the balance due by the deadline. Please indicate the total cost of the program fees you are requesting $___________
Please indicate the maximum amount you can pay toward the program(s) $___________

DOCUMENTS to support your request. Include copies of ALL that apply to you / your family.

☐ Most recent tax returns (Form 1040) It must show the name of the child you are applying for as a dependent.
If parent/guardians file taxes separately, both federal income tax forms are required.

☐ Copy of the last three pay stubs and/or unemployment verification from all financial supporters of this child

☐ Copy of free and reduced lunch approval from a Minnesota school district in 2020-2021 year

☐ Copy of documentation of Social Security Disability

☐ International families: copy of I-20 document, I-94 card and/or DS 2019. Include all that apply to you.

☐ Other (describe) __________________________

RETURN all forms and fees to: University Youth Programs, 1536 N Cleveland Avenue, St. Paul, MN 55108
INCLUDE this form and all materials together at the time of application, with your $10 non-refundable and non-transferable fee.

ALL APPLICANTS:

- Keep in mind: We are not always able to meet all requests.
- Bee-Coming the Change: Cultivating Young People to be Grassroots Leaders is the only Youth Leadership Program available for summer 2021 and will have up to 10 spaces available for financial assistance recipients.
- Financial assistance is limited to maximum of two (2) programs per child per year.
- Submit this application with your Youth Programs 2021 Registration Form, program request(below)
- Interested in becoming one of our Buy One, Give One (BOGO) recipients? Check the box in the request grid below and select which kits you are most interested in from the list. Recipients will be drawn at random and on a rolling basis when an activities box is gifted.

CHOOSE YOUR CHILD’S CAMPS HERE:

<table>
<thead>
<tr>
<th>Title</th>
<th>Ages</th>
<th>Code</th>
<th>Camp Dates</th>
<th>Participant’s Name</th>
<th>1st Choice</th>
<th>Sign up for BOGO?</th>
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<tbody>
<tr>
<td>Bee-Coming the Change: Cultivating Young People to be Grassroots Leaders</td>
<td>14-17</td>
<td></td>
<td>April 7th - October 15th</td>
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Buy One Give One Options:
Check out the options to the right and let us know which kits your child is most interested in. If your child's name is drawn, we will contact you.

- Gopher Adventures
- Color Collisions
- Imagination Station
- Space & Science
- Super Sleuth
- Wizards of YP: Summer Magic
- Wizards of YP: Magic Marvel
- Spaces and Places
- Signs and Symbols
- Geology
- Hydrology
- Atmosphere
- The Drawing Lesson
- Comic Book Creation
- Green in the City

I have read and understood the financial assistance application procedure and deadline information. I verify that the personal and financial information provided with this application is complete, true and correct, and that all income is reported. I understand that all applications are confidential and their content is not shared beyond the staff necessary to process the application. I understand that application to the program does not guarantee participation.

Signature ____________________________ Printed Name ____________________________ Date ____________

RETURN all forms and fees to: University Youth Programs, 1536 N Cleveland Avenue, St. Paul, MN  55108
## UNIVERSITY YOUTH PROGRAMS 2021 REGISTRATION

### PARTICIPATION AGREEMENT WAIVER & RELEASE (ADDITIONAL WAIVER/RELEASE REQUIRED)

1. **I**, , wish to register my minor child or ward (hereinafter included in the words "I," "my" and "me") to participate in the University Youth Program's Summer Programs, including transportation to, during and from that activity, if offered. In consideration of such participation, I agree as follows:

   1. **Risks.** I know the Event could result in risks of harm, including severe personal injury, disability, disease, death or property loss or damage ("Risks"). The University of Minnesota ("University") has no control over factors that may influence the Risks. I am aware of the existence of such Risks, known and unknown. On behalf of myself, my child, heirs, next of kin, successors, assigns and any and all loss, cost, expense or other damage of any kind, including but not limited to a claim arising out of, related to or based upon any disability, disease, death or loss or damage to person or property I may experience as a result of the Event. I expressly forever release, indemnify and hold harmless the Regents of the University of Minnesota, University Recreation and Wellness, directors, employees, volunteers, leaders, sponsors, Event organizers, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the Event, ("Releases") from any and all loss, cost, expense or other damage of any kind, including but not limited to insurance subroga-tion and attorney’s fees (together and singly, "Claims"). THIS PROMISE APPLIES EVEN TO CLAIMS BASED IN WHOLE OR IN PART ON RELEASEE’S NEGLIGENCE AND/OR GROSS NEGLIGENCE, TO THE EXTENT PERMITTED BY LAW. The Event is voluntary, and not a part of, or related to, my educational program, residence or employment at the University in any way.

   2. **Release.** I voluntarily and knowingly accept full responsibility for encountering all Risks, known and unknown. On behalf of myself, my child, heirs, next of kin, successors, assigns and anyone else who might claim through me, on my behalf, or who might have a claim arising out of, related to or based upon any disability, disease, death or loss or damage to person or property I may experience as a result of the Event I express forevery release, indemnify and hold harmless the Regents of the University of Minnesota, University Recreation and Wellness, directors, employees, volunteers, leaders, sponsors, Event organizers, promoters and each of their agents, representatives, successors and assigns, and all other persons associated with the Event, ("Releases") from any and all loss, cost, expense or other damage of any kind, including but not limited to insurance subroga-tion and attorney’s fees (together and singly, "Claims"). THIS PROMISE APPLIES EVEN TO CLAIMS BASED IN WHOLE OR IN PART ON RELEASEE’S NEGLIGENCE AND/OR GROSS NEGLIGENCE, TO THE EXTENT PERMITTED BY LAW. The Event is voluntary, and not a part of, or related to, my educational program, residence or employment at the University in any way.

   3. **Emergency.** Event staff may render first aid and/or obtain medical treatment s/he deems necessary. I will be financially responsible for all costs incurred thereby, regard-less of insurance coverage. If I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention of the nearest official immediately.

   4. **General.** I grant Releases full permission to use images, recordings or any other record of the Event in any medium. I will comply with stated and customary rules for participation. Event staff may terminate any participation due to conduct s/he deems inappropriate. The entry fee is non-refundable and non-transferable.

   5. **Jurisdiction.** The laws of the State of Minnesota govern validity, construction and enforceability of this Agreement, without giving effect to its conflict of laws principles. All suits, actions, claims and causes of action relating thereto shall be in the State Courts in Hennepin County, Minnesota.

I HAVE READ THIS LEGALLY BINDING DOCUMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND AGREE TO BE BOUND BY IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCE-MENT. THIS DOCUMENT MAY BE ELECTRONICALLY SIGNED. A PHOTOCOPY OR FACSIMILE WILL BE AS VALID AS AN ORIGINALLY SIGNED DOCUMENT.

**Name of Parent or Guardian**

**Signature of Parent or guardian**

**Date**

### MEDICAL OR BEHAVIOR NOTES

List any medications or medical conditions that the University Youth Program’s staff and medical emergency service personnel might need to be aware of. This includes any medications that your child typically takes during the school year.

Please list any behavioral or other information that may help our staff assist your child in having a positive experience, including any special assistance received during the school year.

### REQUIRED EMERGENCY INFORMATION

| Health Insurance Provider: | Policy Number: |

List two individuals, other than the parents, to contact in the event that a parent or guardian cannot be reached.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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**Total Fees $___________ + $5.50 transaction fee = $___________**

Total Payment

Payment Attached □Check payable to University of Minnesota □Cash (Your confirmation and receipt will be mailed within 1-2 weeks)