

**2025 URBAN FORESTRY CAREERS CAMP (UFCC)**  
Sunday, July 13 through Saturday, July 19, 2025  
University of Maryland, College Park campus

**Student Application – For review purposes only. You must apply online.**

Student Applicant: \_\_\_\_\_  
*Last First Middle*

\_\_\_\_\_  
*What name do you go by?*

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip code*

Maryland County of Residence or Baltimore City \_\_\_\_\_  
*(Leave blank if out-of-state)*

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Non-binary (pronouns \_\_\_\_\_)

Your T-shirt size (adult sizes): Small \_\_\_ Medium \_\_\_ Large \_\_\_ X-Large \_\_\_

Entering Year in School in September 2025:

Sophomore \_\_\_ Junior \_\_\_ Senior \_\_\_ Freshman (college)\_\_\_

Name of High School (or College): \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

\_\_\_\_\_  
*City State Zip code*

School Phone Number: \_\_\_\_\_ Principal: \_\_\_\_\_

Are you planning to attend college? Yes \_\_\_ No \_\_\_

In which Natural Resources area of study are you most interested?

Please let us know how you originally found out about NRCC (check all that apply):

- Teacher (please request source) \_\_\_\_\_
- Parent (please request source) \_\_\_\_\_
- Newspaper \_\_\_\_\_
- Online (please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

## 2025 URBAN FORESTRY CAREERS CAMP (UFCC)

Describe (in up to 150 words) why you are interested in attending UFCC.

List your outside activities (Clubs, volunteer work, scouts, etc.).

List awards or special recognitions you have received.

## 2025 URBAN FORESTRY CAREERS CAMP (UFCC) Emergency Contact

Student Applicant: \_\_\_\_\_  
*Last First Middle*

### Emergency Contact Information:

\_\_\_\_\_  
*Mother/Guardian Name Day Phone Evening Phone*

\_\_\_\_\_  
*Address City State Zip Code*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Father/Guardian Name Day Phone Evening Phone*

\_\_\_\_\_  
*Address City State Zip Code*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Emergency Contact (other than parent/guardian) Day Phone Evening Phone*

\_\_\_\_\_  
*Address City State Zip Code*

**2025 URBAN FORESTRY CAREERS CAMP**  
**Medical Insurance and History\***

Is your child covered by medical insurance? Yes \_\_\_ No \_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder \_\_\_\_\_

Prescription Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder \_\_\_\_\_

Is your child on any prescription medication? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Do you know of any factors that make it advisable for your child to follow a limited program of physical activity while participating in the Urban Forestry Careers Camp (UFCC)?

Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Does your child require a special diet? Yes \_\_\_ No \_\_\_

Is your child a vegetarian? Yes \_\_\_ No \_\_\_

Is your child a vegan? Yes \_\_\_ No \_\_\_

Does your child have allergies? Yes \_\_\_ No \_\_\_

If yes, tell us what type of allergy (food, asthma, hay fever, poison ivy, bee stings, other allergies) and provide details: \_\_\_\_\_

Has your child had a tetanus shot? Yes \_\_\_ No \_\_\_ If yes, most recent shot date \_\_\_\_\_

- Note: All medical information is sent in a separate pdf to the Camp Director to be used in case a medical visit is required. The information is treated as confidential and will be kept in a secure location.