

2025 NATURAL RESOURCES CAREERS CAMP (NRCC)
Sunday, July 20 through Saturday, July 26, 2025
Hickory Environmental Education Center in Garrett County, MD

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:

Freshman ___ Sophomore ___ Junior ___ Senior ___

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) _____

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

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

List awards or special recognitions you have received.

2025 NATURAL RESOURCES CAREERS CAMP (NRCC) 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 NATURAL RESOURCES 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 Natural Resources Careers Camp (NRCC)?

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.