



Dear Applicant,

Thank you for your interest in the Sudden Cardiac-death Awareness Research Foundation S.C.A.R.F. *junior* Mini Health Camp. The application deadline for our Summer 2019 program is **May 15, 2019**.

When completing your application, be sure to keep the following in mind:

- Our minimum age to participate is **9** and maximum age is **14**.
- All applications must be **typed**. We will not accept hand-written applications.
- You must attach a current picture to page 1 of your application.
- When filling out your application, please be very descriptive. If you need additional space to complete your responses, these may be typed on separate additional page(s).
- Please return completed application by **May 15, 2019**. Applications received after this date will not be considered for our Summer 2019 program and will instead be placed with applications for Summer 2020.
 - Applications can be emailed, mailed or hand delivered to one of our offices
 - Email: applications@scarfnow.org
 - Sycamore Office: (Monday – Thursday) 2550 Hauser Ross Drive, Ste 350, Sycamore, IL 60178
 - Elgin Office: (Friday) 500 N McLean Blvd, Ste 100, Elgin, IL, 60123

What to expect once your application has been submitted:

- Applications will be reviewed by the S.C.A.R.F. team on a rolling basis
- Applicants will be informed of their status within **10** days of application submission
- Applicant and **both** parents are expected to sign the application
- Please keep in mind that you will be responsible for your transportation to the Elgin office each day
- At least **one** parent **MUST** be present on the first day to review S.C.A.R.F. *junior* policies, sign additional paperwork, etc.

We look forward to receiving your application and meeting you this summer.

Warm regards,

Rubina Nguyen, DDS
Executive Director
S.C.A.R.F. (Sudden Cardiac-death Awareness Research Foundation)

HOW DID YOU HEAR ABOUT THIS MINI CAMP PROGRAM?

Internet search School counselor Former/current S.C.A.R.F. Ambassador Other (describe below)

Name of S.C.A.R.F. Ambassador/Other (if applicable):

SIGNATURES

I understand that:

- I am responsible for providing all required documents
- In the event of accidental injury or illness during this experience, I will be provided upon my request, with emergency medical care and I will be responsible for all costs involved, as well as any follow-up care or hospitalization as a result of such event

I certify that all of the statements in this application are true and complete to the best of my knowledge. I understand that false or misleading information in my application may result in dismissal from the program.

Signature of applicant:

Print Name:

Date:

All students must have this application co-signed by their parents.

Mother:

Print Name:

Date:

Father:

Print Name:

Date:

REQUESTED CAMP DATES

(please rank the following dates in order of preference from 1 – 2. If there is a date you can not attend, please leave this blank. Additional dates may be added based on student interest)

- June 17 – June 21 _____
- July 15 – July 19 _____

(to be completed by the parent)

CHILD'S HEALTH INFORMATION

Does your child have any allergies? no yes (please specify)

Is your child taking any medication? no yes (please specify)

Does your child have a history of: diabetes asthma seizures none

Are there any aspects of your child's health which would prevent him/her from participating fully in activities? no yes (please specify)

Does your child have any special dietary requirements? no yes (please specify)

EMERGENCY CONTACT INFORMATION

Name:

Cell Phone:

Work/Other:

Relationship:

Name:

Cell Phone:

Work/Other:

Relationship:

ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD?
