

AHS SUMMER OUTDOOR PROGRAM (SOP) APPLICATION

This is an application for admission into Ashland High School's Summer Outdoor Program (SOP). The summer program offers **1 school credit** for your participation in an 9-10-day backpacking trek and accompanying preparations and clean up. As a SOP participant you will learn to live in the backcountry, evaluate your relationship with the environment, get in good shape and make new friends. Expect the program to challenge you mentally, physically, and emotionally, and be exhilarating! You will have plenty of opportunity to learn about yourself and wild places.

The main focus of the trip is a 9-10 **day backpacking experience**, which takes place in a nearby wilderness area. You will also participate in pre-trek activities (a fundraiser) and a couple of afternoons to organize the trek. **All components of the program are required.**

We will be running 3 treks this year with up to thirteen students and three experienced wilderness guides (see last page for trek dates). The cost of the program is \$550; a limited number of need based scholarships are made available by the Kevin Spears Memorial Fund and Sue Parrish Scholarship. Scholarships will be awarded to applicants that write a letter explaining their financial need; this letter should be stapled to the application upon submission. Again, scholarships are limited, so please be sure submit them ASAP to the front office. Please e-mail Brennan McGinnis at 1wildgoose83@gmail.com to notify him that you have turned in your application. We will only award scholarships to students that have submitted a completed application, a letter of intent for scholarship, **AND** all medical clearance paperwork. **PLEASE be sure to staple all documents to this application before submission.**

Instruction: Fill out this application completely. You are asked both general and personal questions as a part of the application. This gives us a chance to get a sense of you as a person - and it gives you a chance to share about yourself, which is an important part of the program. Students are not chosen on the basis of their interests, grades or skills, but rather their desire to participate fully in the program.

If you need more space to answer any of the questions, feel free to attach pages to the back. If you are selected, **you will need to have a medical examination at the health center (or provide a copy of a recent physical)** to ensure that you have no medical conditions that would make it unsafe for you to participate. If you have any questions or need help completing the application, feel free to call **Brennan McGinnis at 541-324-3706 or Brod McLaughlin at 541-597-8530**. Thanks! We look forward to receiving your application!

**AHS SUMMER OUTDOOR PROGRAM
APPLICATION**

Name _____ D.O.B. _____
(First) (Last)

Current Grade Level (circle one) 8th Fresh Soph Jr. Sr.

Address _____ Home Phone _____

Cell phone _____ E-mail Address _____

Parent/Guardian's name(s) _____

Phone number _____ E-mail _____

1. Health or dietary considerations (ie. Allergies, medical conditions, dietary restrictions, etc):

Height _____ Weight _____

2. First Aid or Emergency Care Training (note: this will not affect your being chosen - it's just helpful information). Please include any water safety certificates: _____

3. Have you had any experience camping or backpacking? If so, Please describe: _____

4. What are your hobbies and how would you rate yourself at them? (novice, intermediate, advanced, expert): _____

5. What experience do you feel has been the most challenging or important in your life and how have you responded to it? _____

6. Why do you want to participate in this program? _____

If accepted, I am available on the dates listed below

_____ **Trek #1: June 21 - 29, 2016 (AHS only)**

_____ **Trek #2: July 1 - July 9, 2016 (with IVHS)**

_____ **Trek #3: July 22-Aug 1, 2016 (Alpine environment)**

I have read the material attached about the summer outdoor program and I am interested in the program as described. If for some reason it becomes necessary for me to withdraw my application, I agree to notify Brod McLaughlin 541-499-1821 immediately. I understand that should I be selected to participate, I must refrain from the use of tobacco, alcohol, illegal drugs or engaging in any sexual activities/intimate relationships while on any SOP activity. I certify that all of the statements made in this application are true to the best of my knowledge.

Signature of applicant

Date