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| --- | --- |
| Student Name |  |
| Participant ID |  |
| Classmate |  |
| Field Counselor |  |
|  |  |

**RWS GROW Program**

**residential Camp APPLICATION**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Complete to participate in residential camp, and return no later than**  **April 12, 2024 to RWS\_Summer\_GROW@gvs.ga.gov** | | | | | | | | | | | | |
| Name: |  | | | | | Date: | | |  | | | |
| Address: | |  | | | City: | |  | | | Zip: | |  |
| Daytime Phone Number: | | |  | Date of Birth: | | | |  | Age: | |  | |
|  | | | | | | | | | | | | |
| T-Shirt Size:       Diabetic: Yes \_\_\_ No \_\_\_ Special Dietary Needs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Instructions: Participants will be assigned based on age groups. Every effort will be made to place approved applicants as requested; however, selection is on a first come, first served basis. Please check your requested week of attendance. | | | | | | | | | | | | |
| June 3-6 (ages 18 & over)  June 10-13 (18 & over)  June 17-20 (ages 14-17)  June 24-27 (ages 14-17) | | | | | | | | | | | | |
| Camp participants may live in the dormitory throughout the week, or may attend as day students. **Day students must arrive on campus at 8:15am daily; and must be picked up at 6:00pm.** Please indicate how you wish to participate.  Residential  Day | | | | | | | | | | | | |

**Applicants must be enrolled in a public school and have a 504 or IEP; and must already have an open case with GA Vocational Rehabilitation Agency (GVRA). Students that have graduated from high school and are no longer enrolled in a Georgia public school will not be eligible.**

Participants must be independent with activities of daily living (dressing, toileting etc.), and able to ambulate campus independently. Participants should be able to self-monitor their behavior and make good decisions for safety. Participants must agree to follow the rules, and directions provided by staff, at all times. Participants with Type 1 Diabetes that require insulin must be able to calculate, measure, and inject insulin independently. Participants 18 & older must be independent with medications.

**When submitting this application, please include your most recent IEP/504.** Additional forms will be required if an applicant is approved.

Completed application packets should be sent via email to RWS\_Summer\_GROW@gvs.ga.gov

Efforts will be made to contact you to confirm your acceptance to the program and your dates of attendance within three weeks of the application deadline. If you have not been contacted by RWS staff by May 1, 2024, you may call Cheryl Leidy at 706-452-9579, or Tunesia Durham at 706-620-0073, for information.

Thank you,

Roosevelt Warm Springs

GROW Program Staff