

2018 Virginia Association of Soil and Water Conservation Districts Youth Conservation Camp Sunday, July 8 - Saturday, July 14, 2018

Camper Application - Please Print Legibly or Type (Complete Front and Back)

Please complete and return application to Mountain Castles Soil & Water Conservation District by May 1, 2018.

Applicant's First Name	Last Name _	
Name as it should appear on c	amper name tag:	
		or Female
Mailing Address:		
City:	Zip:	
Home Phone #		
Name of High School Attending	g (2017-2018)	
Grade Completed by June 201	8 Field of Interest in C	onservation
Advisor and/or Teacher Recon	•	eader, etc.) *Recommendation required:
Relation to Applicant:	·	_
Phone # E	E-Mail:	
Mailing Address(if different from above)Home Phone #	Work Phone #	E-Mail

Local SWCD USE ONLY: Ra		
		hone #540.400.0707
SWCD Staff Contact :T	im Miller E-Mail	trailrunner95@gmail.com
SWCD Scholarship (if other ple	ase note sponsor name): Yes_	NoOther
Scholarship Amount: \$		
	Due to VASWCD May 9, 2	018
•	iller, Mountain Castles SWCD trailrunner95@gmail.com; 54), 36 Executive Circle, Roanoke, VA 40.400.0707)

Please list your hobbies & favorite sports:		
Please check your background: Urban	Rural	Farm/Agriculture
Briefly list conservation activities and/or scho and water conservation, forestry, pollution, o		
What is the most important environmental is:		
Write a brief paragraph on why you are interbe selected for this camp:	ested in conser	vation and/or why you would like to
What subjects/topics do you hope to learn al	bout while atten	ding Youth Conservation Camp?
Applicant's Signature		Date