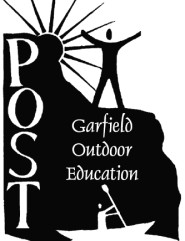
Desert School 2016



Staple Check Here

Session 1: May 21st-25th

Session 2: May 26th-30th

Camper Form

Name: Phone # (not parent):

Email: Birthday: Gender:

Circle a session preference if you can **only** come on that session and explain why-

Session **1** Session 2

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any dietary restrictions? Allergies? Please explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you know how to swim? (Circle one) yes no

What is your comfort level in the water? (Circle one)

Cannot swim Can float Can doggy paddle Can swim well Lifeguard level

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What is your comfort level in the water? (Circle one)

Cannot swim Can float Can doggy paddle Can swim well Lifeguard level

Desert School fee (due at second meeting) $**245**

**Scholarships Available!! If you are interested, please fill out a scholarship form and turn it in with this form. Scholarships up to 75% of trip cost are offered.** Asking for a scholarship will NOT decrease your chances of getting on the trip!

**Please consider making a donation with your payment that will go towards scholarships for other campers.**

**A donation of $\_\_\_\_\_\_\_ is attached.**

T-shirt size: s m l xl

I have reviewed the included information. I have reviewed the list of expected activities and I am aware of any special dangers and risks inherent in par­ticipating in this activity. I herby give my permission for my daughter/son to participate in this activity. I approve the transportation plan as outlined. My signature reflects my knowledge of the details of this trip and its itinerary.

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_

Emergency Contact and #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact **Ariel Steinbach** 206-245-9849 or

ghspostdschool@gmail.com

With any questions or concerns!

**The Basics**

Desert School is a 5-day “school away from school” in beautiful Eastern Washington. We stay at Camp Delaney in Sun Lakes State Park. Participants are broken into co-ed teams with ten freshmen and two upperclassman staff members. Teams visit different “stations” where they will enjoy hikes, learn about the biology and geology of the area, try out rock-climbing, kayaking, and swimming!

**What is Desert School actually like?**

Desert School closely resembles summer camp. Don’t worry about roughin’ it; there are showers, cabins and warm food! Most free time is spent mountain biking, swimming, playing games, meeting new people, playing basketball and having an awesome time!!

**How much school will be missed?**

Students will miss three days of school during Session 1 or two days during Session 2. All absences will be school-excused absences, provided that the student secures teacher permission, and will be able to make up all work missed. Excused absence forms will be handed out at the **mandatory pre-trip meeting on Thurs, April 28th** (a camper list will be posted on Facebook.) All work during the absence must be made up, but the students will be provided study sessions during Desert School so that they can complete missed work. Student staff can act as tutors during study sessions for campers, if needed.

**Safety:** Post is a club that is committed 100% to safety. There are 45 high school Post staff members on each session of Desert School. All student staff members have taken a multi-hour First Aid certification course, and team staff are all Wilderness First Aid certified. Scott McGowan, the director of Post, will be chaperoning along with at least ten other chaperones (parents and alumni). We have a number of lifeguards that will staff the kayak station and all participants will wear life jackets. We have an adult expert rock climber who sets up routes and ensures proper safety procedures. All rock climbing staff are belay certified. Helmets are required while bike riding and rock climbing.

**What about the cost?**

The suggested cost is $245 for the Desert School. This includes the cost of food, lodging, transportation, and insurance for a five day trip. **Please do NOT let the cost of this trip prevent you from applying.** There are **SCHOLARSHIPS** available up to 75% of the trip cost!!! There is limited space on this trip. It is very important that YOU GET YOUR FORMS IN ON **April 4th-April 21st**. They are due to ARIEL; she will be in the Quincy Jones lobby outside the basketball courts at lunch on those dates. All forms turned in on those days will go into a lottery so that everyone gets a fair chance of getting on the trip. You will be notified if you get on, or are on the waitlist. If there are more spots available on the trip after April 21st, we will be accepting late forms. **\*\*Payment is due at the second meeting on April 28th at 6:30, at the Boy Scout Club House 3120 Rainier avenue South\*\***

Text, call or email trip lead **Ariel Steinbach** at **206-245-9849 ghspostdschool@gmail.com**

Or assistant trip lead **Katherine Proulx** at **206-218-7050** with questions or concerns!

Desert School 2016 220162015

**Session 1: May 21st-25th Session 2: May 26th-30th**



**Desert School**—May 21-25 or May 26-30, 2016

Parental Consent Form/Liability Waiver

**Participant’s Full Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As parent or legal guardian of the above-named participant, or for myself if I am over 18, I give permission for my child to attend and participate in the activities sponsored by POST. (If signing for myself as a legal adult, “child” in this document refers to me.) I acknowledge that this activity entails known and unanticipated risks that could result in physical or emotional injury, paralysis or death to my child, as well as damage to property, or to third parties. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. I assume the risk and financial responsibility for any injury, illness or liability resulting from my child’s participation. I waive any claims against, and agree to hold harmless and not sue, POST, POST staff, POST Executive Committee and POST chaperones, related parties, or other organizations associated with sponsoring the activity from any and all claims or liability arising out of my child’s participation.

**(Parent/Guardian/Adult Participant Initial)** \_\_\_\_\_\_\_\_

I have been made aware of the trip itinerary and give permission for my child or ward to ride in any vehicle

designated by the staff of POST while attending or participating in activities sponsored by POST. I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be

taken of my child while participating in activities sponsored by POST, to be used, distributed, or shown as POST sees fit.

**(Parent/Guardian/Adult Participant Initial) \_\_\_\_\_\_\_\_**

I certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

**(Parent/Guardian/Adult Participant Initial) \_\_\_\_\_\_\_\_**

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I authorize a qualified physician/surgeon selected by the adult leader in charge to examine and in the event of injury or serious illness administer emergency care to the above named-participant which may include hospitalization, anesthesia, surgery or injections of medication for my child. I understand every reasonable effort will be made to contact me to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for POST chaperones, EC or staff to obtain emergency care for my student, I

agree that neither POST nor any of its personnel assumes financial liability for expenses incurred because of the

accident, injury, or illness.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ ( ) \_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Participant \* Date Phone**

\*If the participant is under age 18, his or her parent or guardian must also sign below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of parent or guardian \* Date Work phone Home phone**

**Print name of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POST Field Trip Behavior Contract 2016**

*Desert School*

If you have any questions, comments or concerns please speak with the lead organizer of the trip.

**STUDENT BEHAVIOR EXPECTATIONS:**

1) Students will participate in activities in a safe manner that respects themselves and others. They will follow POST staff direction and adult direction without argument or question.

2) Students will not be involved in any violent behavior, hazing, intimidation, bullying, or verbal or physical harassment.

3) Students must remain with their designated group unless given approval by Lead Organizer, POST staff or chaperone(s).

4) Students will not steal any items belonging to someone else or the POST program.

5) Students must not damage or deface property.

6) The presence of any illegal or dangerous objects, such as fireworks, pellet guns etc. will not be tolerated. The use of electronic devices will be allowed solely at the discretion of the Lead Organizer or Chaperone(s).

7) The presence of alcohol, drugs, or tobacco products is not tolerated and will result in immediate parent/guardian contact. The student will be sent home and no refund will be given.

8) Students must use appropriate and respectful language and refrain from physically inappropriate or abusive actions during the field trip.

9) Students will never go on unplanned excursions during the trip. They will keep POST staff or chaperones notified of their whereabouts at all times.

10) Students will stay in designated areas and remain off and out of areas prohibited by the Boy Scouts and POST organizers.

These expectations may not fit every scenario, and any action determined unsafe or improper for the purposes of the trip may be subject to disciplinary action. The Lead Organizer and Chaperone(s) are able to enforce disciplinary procedures outlined below

**DISCIPLINARY PROCEDURES:**

Depending on the severity of the action, the following steps may be taken:

1. The student will receive a warning from POST staff or chaperone(s).

2. The student will be removed from the situation and asked to remain with a Chaperone while parents are notified.

3. The student and/or guardian is responsible for damages and repair incurred by the student.

4. A parent/guardian may be called to come remove the student from the trip. POST will not be responsible for the cost of transportation.

5. Lead Organizer and Chaperone(s) maintain the right to prevent a student from participating in an activity in the interest of safety.

Please read and review these policies and address your questions, comments or concerns to the Lead Organizer before the field trip. By signing this contract, you are affirming that you and your student are aware of, and accept, the student behavior expectations and disciplinary procedures that are in place for your student while participating on this field trip.

**I have read the rules and expectations listed above and agree to abide by them. I understand that I may be disciplined and/or sent home early if I fail to adhere to these rules and expectations.**

Student’s Name (Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Signature):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_

**IMPORTANT MEDICAL INFORMATION**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1 Name:

Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_ Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Name (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home:\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_

Emergency Contact Info #1 (Other than parent/guardian):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Contact Information:\_\_\_\_\_\_

Emergency Contact Info #2 (Other than parent/guardian):

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student:\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_ Other Contact Information: \_\_\_\_\_\_\_\_

Primary Care Physician’s Name and Phone Number:

Health Insurance Provider’s Name, Policy # and Contact Information:

Insurance Provider Claim Instructions/Procedures:

**IMPORTANT MEDICAL INFORMATION**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any health issues of which POST should be aware of (physical or mental):

Allergies/food restrictions:

Please list any medications and/or prescriptions of which POST should be aware:

List requirements/directions for administration of this medication:

If medication is taken on an as-needed basis, specify the symptoms or conditions when medication is to be taken and when it may be given again:

Is there any circumstance that makes is possible your student should limit their physical activity (i.e. asthma, recent surgery, etc.)? If yes, please specify ways you wish their physical activity to be limited:

Additional information POST needs to know if regards to the student’s health (physical or mental):

I authorize release of the information given above to POST chaperones, the Interim Director, the Board of Directors, and POST staff in order to maintain the safest environment possible for myself or my student.

Student Signature (if over 18 years of age):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Parent/Guardian Signature (if student under 18 years of age):

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

**Desert School 2016 Information**

Keep this paper!!

**Session 1:**

Sat. May 21st: meet at Garfield bus bay at 8:00 AM (don’t be late!)

Wed. May 25th:return to Garfield bus bay around 4:30 PM

**Session 2:**

Thur. May 26th: meet at Garfield bus bay at 8:00 AM (don’t be late!)

Mon. May 30th: return to Garfield at approximately 4:30 PM\*

*\*Memorial Day traffic is usually slow, so we will most likely be later than 4:30. We will have campers notify parents when we are an hour away from Garfield.\**

**Contact Info:**

Ariel Steinbach, Trip Lead

206-245-9849

ghspostdschool@gmail.com

Scott MacGowen, POST Advisor and Head Chaperone (both Sessions)

206-660-2470

hgorganics@gmail.com

Katherine Proulx, Assistant Trip Lead

206-218-7050

Camp Delaney (509) 632-5900

Packing List for Desert School!

Clothes:

The weather can be unpredictable in Eastern Washington. It can be scorching hot one day and then raining the next. Even if it is really hot during the day, it gets very cold at night so come prepared!

* Short sleeve shirts
* Long sleeve shirts
* Rain jacket
* Warm sweater/fleece
* Sun hat
* Socks
* Sturdy, close toed shoes for hiking and rock climbing
* Water shoes/flip flops- something to wear on your feet in the water
* Pants
* Pajamas
* Shorts- with at least one pair that can get wet
* Swim suit

Other things

* Lunch for the first day (VERY IMPORTANT!)
* Helmet (for bike riding)

**WHAT NOT TO BRING:**

* **Cellphones**
* **Ipod**
* **Knives or weapons**
* **Anything that is not allowed at school (drugs, alcohol)**
* **Money**
* **Valuables**
* Toiletries
* **School work, pens, paper (We will be doing this!)**
* Sun glasses
* Sun screen (VERY IMPORTANT)
* Insect repellant
* Sleeping bag
* Flashlight/headlamp with batteries
* Backpack (for day hikes)
* Water bottles (VERY IMPORTANT!)
* Towel for kayaking and showering (VERY IMPORTANT!)
* Sunday Morning Cartoon Themed Costume! (IMPORTANT!)

Optional

We do have a few sleeping bags to lend out, but they are limited. If you need a sleeping bag- first ask a friend or family member to borrow one, and then ask us. Contact Kevin Ting at 206-724-3999 if you would like to borrow a POST sleeping bag.

* Camera
* Pillow
* Book
* Musical instrument
* Single fitted sheet

\*\*Please, don’t feel intimidated by this form. We really want you to go on our trip regardless of financial background. \*\*

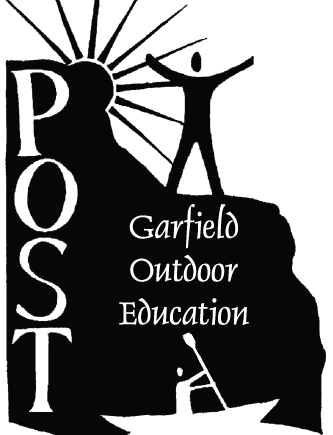
**Desert School Scholarship Form**

**2016**

C Financial Coordinator: **Brock Fenbert**

Brockman9@gmail.com

206-650-0247



Trip Lead: **Ariel Steinbach**

[ghspostdschool@gmail.com](mailto:ghspostdschool@gmail.com)

206-245-9849

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name & Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you on Free/Reduced lunch? Yes No

Have you applied for a scholarship before: Yes No

If yes, please list the trips/date below:

If there are any specific or special reasons why you need a scholarship for this trip, please explain.

Total Cost of Trip – circle one: $ 245 (1 session) $325 (Senior Staff- both sessions)

Amount requested: $\_\_\_\_\_\_\_ Amount left to pay $\_\_\_\_\_\_\_\_

(The most scholarship money we can provide is 75% of the trip cost, which is $180 for 1 session and $245 for Seniors going on both sessions. Please contact trip lead Ariel Steinbach or financial coordinator Brock Fenbert with any questions or special concerns.)

Parent Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

Student Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

POST is an equal opportunity club which hopes to make it possible for every student to enjoy the outdoors regardless of their financial means. However, due to limited resources and the fact that we hope to make the program available to as many students as possible, we are only able to grant scholarships up to 75% of the trip cost. Please contact trip lead **Ariel Steinbach** or financial coordinator **Brock Fenbert** about specific circumstances.

**Return this form along with your Dschool Form and Ariel will be in contact with you about the scholarship request.**