

# AgDiscovery 2016

## APPLICATION

<b>Student's Name</b>	(First Name) _____ (Middle Initial) _____ (Last Name) _____		
<b>Address</b>	<b>Street</b>	_____	
	<b>City</b>	_____	<b>State</b> _____ <b>Zip Code</b> _____
<b>Telephone</b>	<b>Home</b> (    ) _____	<b>Mobile/Cell</b> (    ) _____	
<b>E-mail Address</b>	_____		
<b>Date of Birth</b>	____ / ____ / ____	<b>Age:</b> _____	<b>Gender:</b> Male ____ Female ____
<b>T-Shirt Size</b>	____ S      ____ M      ____ L      ____ XL      ____ XXL		
<b>School Name</b>	_____		<b>Grade in the fall 2016:</b> _____
<b>School Address</b>	<b>Street</b>	_____	
	<b>City</b>	_____	<b>State</b> _____ <b>Zip Code</b> _____

**Special Food/Dietary Restrictions** \_\_\_\_\_  
 Do you have any health problems or disabilities that require special attention? Yes \_\_\_\_ No \_\_\_\_  
 If yes, please describe \_\_\_\_\_

NOTE: Failure to disclose known medical conditions may result in dismissal from the program.

<b>Parent/Guardian's Name</b>	_____		
<b>Telephone Number</b>	<b>Home:</b> (    ) _____	<b>Mobile/Cell:</b> (    ) _____	
<b>Parent/Guardian's E-mail Address</b>	_____		
<b>Emergency Contact Name</b>	_____		<b>Telephone Number</b>
	_____		<b>Home:</b> (    ) _____
	_____		<b>Mobile/Cell:</b> (    ) _____

Select the Ag-Discovery Program you wish to apply for below. PLEASE ONLY SELECT ONE.

✓	University	2015 Program Dates	Age Requirements
	Alcorn State University	June 19 – July 1	12-16 years old
	Delaware State University	July 5-18	14-17 years old
	Florida A&M University	June 5-18	14-17 years old
	Fort Valley State University	June 6-17	14-17 years old
	Iowa State University	July 17-30	15-17 years old
	Kentucky State University	June 5-18	14-17 years old
	Lincoln University – Missouri	July 10-23	14-17 years old
	North Carolina State University	June 20 – July 1	15-17 years old
	South Carolina State University	June 19 – July 3	14-17 years old
	Texas A&M/Prairie View A&M Universities	June 19 – July 1	15-17 years old
	Tuskegee University	June 5-18	15-17 years old
	University of Arizona	June 20 – July 1	15-17 years old
	University of Arkansas at Pine Bluff	June 11-24	14-17 years old
	University of Hawaii at Mānoa	July 10-23	14-17 years old
	University of Illinois at Urbana-Champaign	July 5-30	15-17 years old
	University of Maryland College Park	July 10-29	15-17 years old
	University of Maryland Eastern Shore	July 10-23	14-17 years old
	University of the Virgin Islands	August 1-13	15-17 years old
	Virginia State University	June 19 – July 2	14-17 years old

Have you participated in an Ag-Discovery Program in the past? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, what year and which location? \_\_\_\_\_

If you are selected to participate in the Ag-Discovery Program, you will be required to provide the following documentation:

- Proof of age
- Proof of school enrollment
- Current high school transcript (for University of Maryland College Park applicants only)

Please **DO NOT** send these documents with your application.

If selected to participate in the Ag-Discovery Program, I promise to abide by the rules and regulations that govern the program, and to make proper use of the educational advantages offered. If for any reason, I violate any part of the Student Contract, I acknowledge that I can be dismissed from the Ag-Discovery Program, and sent home immediately.

I affirm that the information submitted in my application package is true to the best of my knowledge.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**APPLICATION MUST BE RECEIVED/POSTMARKED BY MARCH 7. 2016**

# AgDiscovery 2016

## PARENTAL RELEASE FORM

I certify that my child, \_\_\_\_\_, who is enrolled with this agreement, is in excellent health, and may participate in strenuous physical activities associated with the Ag-Discovery Summer Enrichment Program. I agree to defend, indemnify, and hold harmless USDA-APHIS and the selected university, its officers, servants, agents, and/or employees, contractors, and insurers from any and all claims for injuries sustained by my child during his/her participation in this program.

Permission is hereby granted to the U.S. Department of Agriculture and \_\_\_\_\_ **(Name of University)** to use pictures and video(s) of my child in any promotional materials, as well as to travel on field trips both in and out-of-state.

Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child's participation in the Ag-Discovery activities, except as stated in writing, and included with the medical history.

I understand and acknowledge that Ag-Discovery does not offer any medical insurance to protect against injuries, makes no claims to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume any risk and financial responsibility.

I have received a copy of the Student Contract, and I have reviewed it with my child.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**APPLICATION MUST BE RECEIVED/POSTMARKED BY MARCH 7, 2016**

# AgDiscovery 2016

## STUDENT CONTRACT

Acceptance into the Ag-DISCOVERY program is a privilege, but it also requires students and parents to assume certain responsibilities.

Student: I, \_\_\_\_\_ as a participant in Ag-DISCOVERY, a summer youth enrichment program sponsored by USDA-APHIS and \_\_\_\_\_

\_\_\_\_\_  
(insert name of university)

do hereby accept the conditions stipulated below:

1. I will participate in and be on time to all sessions and activities, unless excused by a staff member.
2. I will conduct myself in a respectful and courteous manner at all times.
3. I will sleep where assigned, and realize that I will be in constant contact with people from varying cultures and ethnic affiliations.
4. I understand that there are guidelines regarding lights-out and bedtime, and that there will be a bed check every night by a chaperone.
5. **I will not smoke, or use drugs or alcohol during Ag-DISCOVERY, and I understand that by doing this, I will be sent home immediately AT MY PARENT'S EXPENSE.**
6. **I will not engage in fraternization, cohabitation or co-mingling of any kind during the program. Friendships are encouraged from a platonic standpoint only. Any disregard in this matter, or any other infractions may be cause for dismissal from the program, and my parents will be alerted of the misconduct.**
7. I understand that I may be held responsible for any damage to equipment or facilities.
8. I understand that all profanity, horseplay, fighting, or inappropriate acts is prohibited.
9. I understand that other than a clock/radio, no electronic equipment (including TVs, portable radios/CD players, or computer games) will be allowed.
10. There will be no aggressive behavior tolerated at any time. This includes fighting, bullying, cyber-bullying, undue persuasion, assault, cursing, and general disregard for myself, and the people around me.
11. Student will respect the dormitories and other facilities on and off campus, at all times.
12. The use of cell phones and other handheld devices is strictly prohibited during the presentations. For any such misuse, the instrument will be confiscated until the end of the program.
13. Ag-DISCOVERY participants are not allowed to have personal vehicles on campus.
14. Appropriate attire will include khaki shorts, denim shorts, t-shirts, one-piece swimsuit, tennis shoes, and/or sandals. No student will be allowed to wear overly provocative or offensive clothing.
15. If there are any discrepancies of any kind, they should be brought to the attention of supervision and handled accordingly. No infractions of any kind should be handled by the students.
16. I will adhere to these and all other rules of the Ag-DISCOVERY program.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PICTURE AND VIDEO RELEASE STATEMENT

As parent/guardian of \_\_\_\_\_, I fully understand the conditions stipulated above, and hereby give full consent to USDA-APHIS and the selected university to reproduce my child's picture and/or video in future promotional material.

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AgDiscovery 2016

## ESSAY

The essay must:

- Be typed or legibly handwritten
- Include your name, address, age, telephone number, and e-mail address on the first page
- Be two (2) pages in length
- Be prepared in blue or black ink (no pencil or colored ink)
- Be a minimum of 500 words, and a maximum of 1,000 words
- Address the four questions below:

Why I Want to Attend the Ag-Discovery Program at \_\_\_\_\_

What I Want to Learn

What are My Future Career Goals and How I Plan to Achieve My Goals

What are Some of My Hobbies and Interests

- Include information about your interest in agricultural sciences, any agricultural science-related courses you have taken, as well as any extracurricular or volunteer activities you have participated in related to agricultural, plant, animal, or biological science.

**APPLICATION MUST BE RECEIVED/POSTMARKED BY MARCH 7. 2016**

# AgDiscovery 2016 CHECKLIST

A complete application package must include the following materials:

- Completed and signed application form
- Signed Parental Release form
- Completed and signed Student Contract and Picture and Video Release Statement
- Two-page essay – 500 word minimum and 1,000 word maximum
- Three (3) letters of recommendation (one from a teacher or school counselor)

MAILED APPLICATION PACKAGE AND SEALED LETTERS OF RECOMMENDATION  
SHOULD BE SENT IN **ONE** LARGE ENVELOPE TO:

**USDA-APHIS Ag-Discovery Program**  
ATTN: SOPHIA KIRBY  
Office of Civil Rights, Diversity, and Inclusion  
4700 River Road, Unit 92  
Riverdale, MD 20737-1234

As an option, you may complete a fillable PDF application online, at: [www.aphis.usda.gov/agdiscovery](http://www.aphis.usda.gov/agdiscovery), print it, and mail to the address indicated above. Please remember to attach your essay. Reference letters must be **included** with your application package in sealed envelopes.

**PLEASE NOTE: ONLY COMPLETE APPLICATION PACKAGES, CONTAINING THE LIST OF ITEMS INDICATED ABOVE, WILL BE ELIGIBLE FOR CONSIDERATION. INCOMPLETE APPLICATION PACKAGES AND SEPARATELY MAILED ENVELOPES WILL NOT BE CONSIDERED. ALSO, NO FAXED, E-MAILED, OR HAND-DELIVERED APPLICATIONS WILL BE ACCEPTED.**

**PLEASE APPLY EARLY!  
DO NOT WAIT UNTIL THE LAST MINUTE!**

**APPLICATIONS MUST BE RECEIVED/POSTMARKED BY MARCH 7. 2016**

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0362. The time required to complete this information collection is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

**OMB Approved  
0579-0362  
EXP. 07/2016**

# AgDiscovery 2016

## LETTER OF RECOMMENDATION

\_\_\_\_\_

**STUDENT'S NAME**

**Student:** Please give this Letter of Recommendation to three (3) adults (one must be a teacher or counselor), who know you, and are familiar with your school work, interest in agriculture, and work qualities. For example, a job supervisor, teacher, counselor, coach, or minister, who is **NOT A RELATIVE** of yours. **Please fill in your name on the top of the form, and the name of the university for which you are applying, below.**

**Respondent:** The student named on this form is being considered for participation in the Ag-Discovery Program, a summer enrichment program at \_\_\_\_\_,  
*(name of university)*

sponsored by the United States Department of Agriculture, Animal and Plant Health Inspection Service.

Please complete this form on his/her behalf, and return to the student **before March 7, 2016**. You may use a separate sheet of paper, if needed.

<b>Your Name</b>				<b>Title</b>		
<b>Your Relationship to Applicant</b>						
<b>Address</b>	<b>Street</b>					
	<b>City</b>		<b>State</b>	<b>Zip Code</b>		
<b>Telephone</b>	(      )					

Please address the questions listed below:

- How do you know the student?
  
- How long have you known the student?
  
- What do you know about the student's character, ambition, aptitude for learning, and interest in agriculture?

**Signature of Respondent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The information you provide is confidential. Please place your letter of recommendation in a sealed envelope and return to the student. Letters of recommendation must be postmarked or received at USDA by **March 7, 2016**, in order for the student to receive full consideration.