

# 4-H NATURAL RESOURCES AND ENVIRONMENTAL SCIENCES ACADEMY

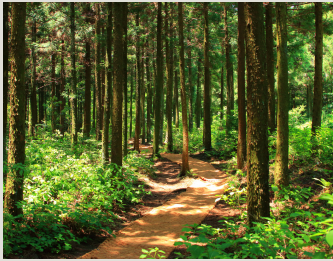


The 4-H Natural Resources and Environmental Sciences (NRESci) Academy is now accepting applications for PY 2024-2025.

Do you know a 5th Grader that loves nature?

## »»» WHAT IS NRESCI?

The NRESci Academy is a 3-year program designed to teach youth about their natural environment. In the program, members participate in hands-on investigations to learn about Kentucky's water, forest, entomology, and wildlife resources.

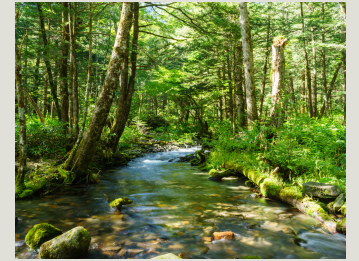


## »»» WHO CAN APPLY?

Applicants must be in the 5th grade at the time of the application (upcoming 6th graders the following Fall). If selected, youth/families must agree to make a 3-year commitment to the program. Please note that only 25 youth will be selected from the entire state to participate. Applications will be reviewed in May & applicants will be notified in June if they are selected to be a part of the program.

## »»» WHEN DOES THE ACADEMY MEET?

The Academy is a 3-year commitment & meets quarterly each year. Delegates attend a 2-day residential retreat at Feltner 4-H Camp in September & participate in three 1-day events held in winter, spring, & summer. The locations of the 1-day events vary & take place across the state at different natural areas/venues such as Salato Wildlife Education Center, Pine Mountain Settlement School, Robinson Forest, Lost River Cave, UK Campus, etc. (this is to ensure that youth experience a variety of natural areas & natural resource professionals during their 3 years in the program). Please note that this program does require substantial travel for families, as our 1-day events take place across the state. One-day events take place on weekdays, generally in October/November, February/March, and May. These dates are set at the beginning of each program year. The dates are scheduled for 2024-2025 & are listed on the application. Transportation to/from events is not provided. Families are responsible for providing transportation. (Agent note: Some county Extension staff provide transportation for their youth, while other counties rely on families to provide transportation. Many times, families will carpool to events.)



## »»» WHAT IS THE COST?

The cost of the program is \$175/year. The cost includes lodging and meals for the Fall Retreat & programming costs associated with the 1-day events. Partial and/or full scholarships may be available. If available, a scholarship application will be made available to members by June.

## »»»» WHAT DO YOUTH DO IN THE ACADEMY?

Each year of the 3-year program, delegates concentrate on a different core area (water, entomology, forestry, wildlife) & interact with experts in each of these disciplines. Youth participate in a variety of field exercises, including stream sampling, forest measurement data collection, wildlife observation & trapping, insect collection & identification, & much more. Youth also have the opportunity to visit natural areas throughout the Commonwealth, such as Lost River Cave, Salato Wildlife Education Center, Minor E. Clark Fish Hatchery, Pine Mountain Settlement School, Robinson Forest, University of Kentucky's campus, & more!



## 2024-25 Kentucky 4-H Natural Resources and Environmental Science Academy Application Form

To apply for KY 4-H Natural Resources and Environmental Science (NRESci) Academy fill out this form completely. **Applicants must be in 5<sup>th</sup> grade at the time of application so that they are in 6<sup>th</sup> grade during their first year as a member. Send this application to your county Extension 4-H agent. Contact your agent for the county application deadline.**

Last Name (print):	First Name:	Age and Grade:	
Street Address:		County:	
City:	State:	Zip Code:	
Email:	Male __ Female __		
Polo/T-Shirt Size (circle):    XSmall    Small    Medium    Large    XLarge    XXLarge    XXXLarge			
<i>Answer the following by checking the appropriate column:</i>		<b>YES</b>	<b>NO</b>
<p>Please note: We realize that the majority of locations and dates are TBA. <b>We just want 4-H members and their families to realize that this program is a 3-year commitment. Each year, we announce the dates for that program year (September 1 – August 31) by July. Attendance is mandatory.</b></p> <p>PLEASE make sure you can attend these events before applying for the NRESci Academy. Not attending events inhibits the effectiveness of the ENTIRE group. An email of explanation is to be submitted to the coordinator for all missed events. The teaching team will assign make-up projects for any excused absences. Failure to complete a make-up project can result in dismissal from the academy. An unexcused absence from any scheduled event may result in dismissal from the program.</p> <p>Please note dates/locations listed are tentative.</p>	Retreat, September 24-25, 2024 Feltner 4-H Camp, London, KY		
	1-Day Event, October 29, 2024 Berea College Forestry Outreach Center, Berea, KY		
	1-Day Event, February 27, 2025 Carter Caves State Park, Olive Hill, KY		
	1-Day Event, May 23, 2025 Kentucky State University Research Farm, Frankfort, KY		
	Retreat, September 23-24, 2025 Feltner 4-H Camp, London, KY		
	1-Day Event, TBA, 2025 Location TBA		
	1-Day Event, TBA, 2026 Location TBA, KY		
	1-Day Event, TBA, 2026 Location TBA		
	Retreat, September 29-30, 2026 Feltner 4-H Camp, London, KY		
	1-Day Event, TBA, 2026 Location TBA		
	1-Day Event, TBA, 2027 Location TBA, KY		
	1-Day Event, TBA, 2027 Location TBA		



Agents and parent/guardian must sign below to indicate support of this applicant.

Participant Signature

Date

Parent/Guardian Signature

Date

Agent Signature

Date

### Application Requirements:

- 1) Provide one letter of recommendation from someone other than a relative, such as your 4-H agent, teacher, coach, etc.
- 2) Write an essay explaining why you want to be a member of the 4-H Natural Resources and Environmental Sciences Academy. (Maximum of 2 pages)
- 3) Provide a list of extracurricular activities you are involved in.

### Cooperative Extension Service

Agriculture and Natural Resources  
Family and Consumer Sciences  
4-H Youth Development  
Community and Economic Development

### MARTIN-GATTON COLLEGE OF AGRICULTURE, FOOD AND ENVIRONMENT

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Disabilities accommodated with prior notification.



# 4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP)

The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying. Form Updated: August 2022

Name: \_\_\_\_\_ County/Area: \_\_\_\_\_  
 Preferred Name: \_\_\_\_\_ School Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Gender:  Female  Male  
 Residence:  Farm  Town < 10,000 or Rural Non-Farm  Town/City/Suburb 10,000-50,000  City/Suburb >50,000  City– Central >50,000  
 Race (please choose more than one if applicable):  American Indian  Asian  Black  Hispanic  Non-Hispanic  Native Hawaiian or Pacific Islander  White  Prefer Not to Say  Not Listed: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Parent/Guardian 2: \_\_\_\_\_ Phone number: \_\_\_\_\_  
 Email: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone  H  W  C: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Emergency Contact #2: \_\_\_\_\_ Phone  H  W  C: \_\_\_\_\_  
 Email: \_\_\_\_\_

Is any member of your family a current or former member of the United States Military or National Guard?  Yes  No

### Health History

Does the participant have, or at any time has had, any of the following? Check “Yes” or “No” to each item. Please explain any “yes” answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 1) Asthma .....                          | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Bronchitis.....                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Convulsions.....                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Diabetes.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Ear Infection.....                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Fainting.....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Heart Condition.....                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Headaches.....                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Hypoglycemia.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 10) Serious Allergy to Insects.....      | <input type="checkbox"/> | <input type="checkbox"/> |
| 11) Serious Allergy to Nuts.....         | <input type="checkbox"/> | <input type="checkbox"/> |
| 12) Serious Allergy to Gluten.....       | <input type="checkbox"/> | <input type="checkbox"/> |
| 13) Serious Allergy to Dairy.....        | <input type="checkbox"/> | <input type="checkbox"/> |
| 14) Wear Glasses/Contacts.....           | <input type="checkbox"/> | <input type="checkbox"/> |
| 15) Other Conditions.....                | <input type="checkbox"/> | <input type="checkbox"/> |
| 16) Drug Allergy (please explain) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 17) Food Allergy (please explain) .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 18) Other Allergy (please explain) ..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please explain any “yes” responses:

Please explain any restrictions (dietary, physical, etc):

- The following over the counter medications may be administered to my child without contacting me:
- Antihistamine Pill     Antacid     Ibuprofen (Advil)     Hydrocortisone Cream
- Acetaminophen (Tylenol)     Decongestant     Dramamine     Polysporin (topical antibiotic)

List any conditions requiring medication: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Doctor’s Phone: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Name of Policy Holder/Relationship to Participant: \_\_\_\_\_ Member ID: \_\_\_\_\_

### Medical Treatment

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing, or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization.

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### Publicity Release

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

**SIGNATURE OF /GUARDIAN:** \_\_\_\_\_  **NO, I do not permit**