Provider Name: Private Industry Council of Westmoreland/Fayette, Inc.
Program Type: WaterWise Summer Camp
Contact Person: Cynthia Barber or Sara Enlow
Phone Number: 724-836-2600 x. 2207 724-836-2600 x. 2217

PROGRAM APPLICATION

Application Date:_____

PLEASE PRINT USING BLACK OR BLUE INK PEN

Please Complete all fields below.

Last Name:	First Name:	Middle Initial:	
Street Address:		County:	
City:	State & Zip Code:	Email Address:	
Date of Birth:	Age:	Gender: ☐ Male ☐ Female	

Race: ☐ prefer not to answer
☐ American Indian/Alaskan Native ☐ Black/African American
☐ Hispanic/Latino ☐ Two or More Races
☐ Asian/Pacific Islander ☐ White/Caucasian

Phone#: _____

Teeshirt size

Demographic Data: (Check all that Apply) ☐ Prefer not to answer

Medical conditions or dietary restrictions staff should know:

☐ Individual with a Disability ☐ Foster Care
☐ Homeless ☐ Incarcerated Parent (s)
☐ English Language Learner ☐ Migrant

EDUCATION INFORMATION

Current School:	Present Grade:

I attest that the information stated above is true and accurate, and I understand that the above information, if misrepresented or incomplete, may be grounds for immediate termination.

_____ _____

APPLICANT'S SIGNATURE and DATE

PARENT/GUARDIAN'S SIGNATURE and DATE

Print Name

Print Name

**Financial and other support for the WaterWise Summer Camp has been provided by the Department of Environmental Protection's Environmental Education Grants Program.