Applying for the 2016 Elana Gold ’93 Memorial Environmental Restoration Project

The project runs June 20 – 26, 2016.

The Elana Gold Project will be limited to 40 students this year, with preference given to students in high school (completing grades 8, 9, 10, 11 and 12) as of June 2015. Registrants will need to provide the names and contact information for two non-family references to complete the enrollment process.

As this is a popular trip, and we would like all accepted applicants and the project to reap the full benefits of participation, please plan to attend the entire weeklong session.

Applicants should write a brief description of their interest in the Elana Gold Project experience including what they hope to gain from it. This essay will be used to choose the 2016 trip participants. Copies of successful application essays are also presented to the Gold family and are preserved in the project archives. It is preferred that the application essay be submitted electronically to Bob at sauerb@catlin.edu.

By Friday, May 6, 2016, applicants must submit:

- the completed form on the following page
- the essay described above (send to sauerb@catlin.edu)
- a check made out to Catlin Gabel School for $125 ($150 after May 6)
  - Financial aid is available, please inquire

While applications will still be accepted (space permitting) after this deadline, the cost after the above date is $150.

Mail to: Elana Gold Memorial Project at Catlin Gabel School
         c/o Bob Sauer
         8825 SW Barnes Road, Portland OR 97225

Or

Drop off: at Upper School Office or Bob Sauer’s box in Dant House.

Selection of 2016 participants will be announced by e-mail in mid-May. The trip fee will be returned if enrollment is denied.

Scroll down for Application Form
Elana Gold ’93 Memorial Environmental Restoration Project
Registration for June 2016
The Project runs June 20 – 26 this year.

Student: ___________________________ Date of birth: ___________________________

Completing grade: ______ at: ___________________________ (Current school)

Home address: ___________________________ Daytime phone: ___________________________

City/State/Zip: ___________________________

E-mail address: ___________________________

Parent’s full name: ___________________________ Daytime phone: ___________________________

Email: ___________________________

Parent’s full name: ___________________________ Daytime phone: ___________________________

Email: ___________________________

Alternate contact & phone ___________________________

Please provide the names, phone numbers, and e-mail addresses of two non-family adults who know you well who agree to serve as a reference for you.

Name ___________________________ Phone: ___________________________ e-mail: ___________________________

Name ___________________________ Phone: ___________________________ e-mail: ___________________________

T-shirt size: ___________________________

Total due: $125 ($150 if registering after May 6)

____ Full payment is enclosed (make checks payable to Catlin Gabel School)

In the case of a situation requiring emergency medical attention, first aid will be administered if advisable and immediate provision made to transport the participant to the nearest hospital or clinic. Your signature on this form empowers the emergency staff to take such measures as seem reasonable and prudent. Every effort will be made by Catlin Gabel to reach the parent or designated alternative contact.

_________________________________________ Date

Signature of parent or guardian

Family physician ___________________________ Phone: ___________________________

Health plan or insurance company: ___________________________

Policy Number: ___________________________ Last TETANUS booster: ___________________________

Dentist: ___________________________ Phone: ___________________________

PLEASE NOTE any significant allergies, regular medications, medical restrictions, or behavioral concerns: