FLY YOUR OWN DRONE • EXPERIENCE A SOLAR CAR CHALLENGE • BUILD A HYDROELECTRIC MODEL

FWEE WENATCHEE HYDROPOWER AND STEM CAREER ACADEMY

JUNE 17-21, 2024
ROCKY REACH DAM, WENATCHEE, WA

LEARN FROM THE BEST IN THE INDUSTRY • DISCOVER HYDRO INDUSTRY CAREERS • EARN COLLEGE CREDIT
APPLY NOW AT FWEE.ORG/ACADEMY
SUBMISSION CHECKLIST

☐ Completed application, including:
  ☐ Principal’s signature certifying that your GPA is 2.5 or above for the most recent academic year
  ☐ Parent or guardian’s signature
  ☐ Health Statement
  ☐ Liability Release
  If applicable: ☐ Scholarship Form ☐ Host Family Release Form
☐ An essay of 100 -- 250 words describing why you are interested in attending the FWEE Hydropower and STEM Career Academy.
☐ Applicant signature

MANDATORY QUALIFICATIONS

Applicant certifies that he/she is:
• Between 14 – 18 years of age
• Entering 9th, 10th, 11th or 12th grade
• Has a 2.5 or above GPA in the most recent academic year
• Is interested in pursuing a science, technology, engineering and/or math (STEM) career in general, and open to pursuing a hydropower career
• Will attend all days of the Academy
• Agrees to pay $175 registration as part of registration unless scholarship requested

TRANSPORTATION

Check the box that applies:
• I live within a one-hour drive of Rocky Reach Visitor Center and am able to drive myself or be driven to the Academy
• I live more than a one-hour drive from Rocky Reach Visitor Center and am willing and able to stay with a local host family during the week of the Academy.
• Other, please describe: ____________________________________________
FWEE Hydropower and STEM Career Academy APPLICATION JUNE 17-21, 2024

APPLICANT INFORMATION

Applicant’s Name _____________________ E-mail Address ____________________________________________
Address ______________________________ City ______________ State ______ Zip _________________
Phone _______________________________ Gender _________ Date of Birth _________________________
School District _______________________ Name of School ________________________________________
School Address ____________________________________________________________________________
Teacher Name and Phone as Reference _______________________________________________________

CHECK STRONGEST AREAS OF INTEREST:
Exploring pathways from High School to:
□ Community College Programs
□ 4 Year College Programs
□ Apprenticeship Programs

OPPORTUNITIES TO TALK WITH:  CAREER FIELD INTERESTS:
□ Industry employees
□ College counselors
□ Community college and college students
□ Retired military
□ Professionals from engineering and labor associations
□ Engineering
□ Mechanics
□ Electrician
□ Plant operations

Other ___________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
AUTHORIZATIONS

The following signatures are required to indicate approval of your application. No rubber stamps allowed.

I certify that the applicant has a 2.5 or above GPA in the most recent academic year.
Principal’s Signature __________________________________________ School ______________________
Print Principal’s Name _________________________________________ Date __________________________

I hereby give permission for the above named applicant to attend the FWEE Hydropower and STEM Career Academy based on the information provided in this application, including agreement to meet transportation and financial requirements.
Parent or Guardian’s Signature _________________________________
Print Parent or Guardian’s Name _________________________________ Date __________________________

I certify that the above information is correct and that I:
1. am interested in pursuing a STEM career in general, and open to pursuing a hydropower career
2. am able to meet the transportation and attendance requirements
3. am capable to meet the financial commitment unless the box below requesting scholarship is checked.
4. am able to pay the $175 registration fee by June 7, 2024 unless scholarship requested.

☐ I need scholarship support to attend in the amount of $ ____________.
   (Complete Application Scholarship Form)

Applicant’s Signature _________________________________
Print Applicant’s Name _________________________________ Date __________________________
HEALTH STATEMENT

Complete information below:

Applicant’s Name ____________________________________________ Date of Birth ______________________
Address ___________________________________City __________ State _______ Zip ___________
Phone ___________________________________________
Health Insurance Provider __________________________ Policy Number ______________________
Family Physician __________________________ Dr.’s Phone __________________________
Physical Condition of Applicant:

☐ Satisfactory to participate in classroom activity and moderate exercise

List any physical conditions or special needs Academy staff should be aware of:

☐ Diabetes ☐ Allergies ☐ Other (Explain): __________________________

Current Medications: ____________________________________________

Emergency Contact Information

Name ____________________________________________
Work Phone ________________________________
Mobile Phone ________________________________
Home or Other Phone __________________________
Email ________________________________________

I understand this program includes light to moderate physical exercise and believe
__________________________________________ can fully and actively participate in such a program safely and
without undue hazard to his/her health. Any health concerns and/or needs are listed above.

Parent or Guardian’s Signature ________________________________
Print Parent or Guardian’s Name ________________________________ Date ______________
LIABILITY RELEASE

Applicant’s Name ____________________________________________

I, __________________________, parent/guardian of ________________________________ give my permission for the above-named applicant to participate in the FWEE Hydropower and STEM Career Academy conducted by the Foundation for Water and Energy Education (FWEE) at Chelan County PUD’s Rocky Reach Visitor Center from June 17-21, 2024. I hereby give FWEE, its employees, and those acting with its authorization, the right and permission to copyright, use, and/or publish photographic pictures or portraits of my son/daughter in magazine, literature, web and direct mail promotion of the Academy.

My son/daughter is not presently under medical care for any physical or mental ailment and is not taking any medication other than what is listed on the Health Statement Form and does not have any physical injuries that may be aggravated by physical activity.

I assume full responsibility for my son/daughter attending the FWEE Hydropower and STEM Career Academy and give my permission for my son or daughter to participate in all aspects of the Academy. By signing below, the applicant on behalf of him or herself, and the parent/guardian on behalf of the applicant, and him or herself, and their respective heirs, personal representative, and assigns, hereby release and discharge the Foundation for Water and Energy Education, Chelan PUD, and their respective officers, employees, agents, and volunteers, including but not necessarily limited to the individual Academy counselors and instructors from any claims or liability for personal injury or wrongful death that might occur to the applicant resulting from, arising out of, or in any way relating to the applicant’s participation in the Academy.

I understand that first aid will be available at the camp, that students will be closely supervised and that if serious injury or illness develops, medical and/or hospital care will be given. I further understand that in the case of serious injury or illness I will be notified. If it is impossible to reach me or I am not reasonably available to grant consent, I give permission for emergency treatment or surgery as recommended by the attending physician.

Parent or Guardian’s Signature ____________________________ Date _________

Applicant’s Signature ____________________________

Address ____________________________ City ___________ State _______Zip ___________

Parent/Guardian Email ____________________________ Parent/Guardian Home Phone ____________________________

Parent/Guardian Mobile Phone ____________________________

Parent/Guardian Work Phone ____________________________
ESSAY

Please write an essay of 100 to 250 words describing why you are interested in attending the FWEE Hydropower and STEM Career Academy.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________
SCHOLARSHIP REQUEST

General Information
The Foundation for Water and Energy Education (FWEE) is a small non-profit organization dedicated to providing balanced information regarding the use of water as a renewable energy resource in the Northwest. To find out more information about FWEE, visit www.fwee.org.

Academy participation by all students qualified and highly motivated to attend is important to us. To be as inclusive as possible, FWEE members are setting aside limited funds to those requiring financial assistance to attend. We will do our best to meet your needs, but may not be able to meet all requests.

Amount of Assistance
You may request all or part of the $175 registration fee. Transportation to the academy is your responsibility. All meals, lodging (if you live more than a one-hour drive from Rocky Reach Visitor Center), and materials will be provided as part of your participation.

Enter the Amount of Your Request ________________

Provide rationale for scholarship request:
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Applicant Signature _____________________________ Date ________________
HOST FAMILY RELEASE FORM

I ____________________________________________________________________ the legal guardian/parent of
(Print Parent’s or Guardian’s Name)
____________________________________________________________________
(Print Student’s Name)

A student attending the FWEE Hydropower and STEM Career Academy do hereby give permission to the
Host Parents __________________________________________________________________
(Print Host Parent Name)

or in the event that the Host Parents change or I do not currently know who the family is or will be, I assign
the Host Family to act on my behalf in matters of medical emergencies and/or other medical decisions
while a student is at the FWEE Hydropower and STEM Career Academy.

I understand that the student must call the Host Family for permission to leave the academy if sick (and not
any other person) as long as the student is staying with their Host Family.

I understand that it is my responsibility to convey to and communicate with the Host Family concerning any
and all expectations and restrictions regarding my student while staying in their home. I understand that the
student must live in the same house with an adult over 25 years old. I understand that the student cannot
drive a motorized vehicle while living with a host family.

As the parents, legal guardians, or Organization, we hereby agree that we shall defend, indemnify and
hold harmless the Foundation for Water and Energy Education, Chelan PUD, and their respective officers,
employees, agents, and volunteers, and its representatives from any and all claims, causes of action,
demands, costs, damages including both direct and consequential damages, specifically including
attorney’s fees and costs, expert fees and cost and mediation and/or arbitration fees and costs incurred,
arising in any way out of the actions of my student, the Host Family, or the FWEE Hydropower and STEM
Career Academy.

Parent or Guardian’s Signature __________________________________________ Date ______________
Applicant’s Signature _________________________________________________
Address ____________________________________________ City _______ State ______ Zip_______
Parent/Guardian Email ________________________________ Parent/Guardian Home Phone ________
Parent/Guardian Mobile Phone __________________________
Parent/Guardian Work Phone __________________________

Note: Students with host families may arrive Sunday, June 16. Additional information will be provided with acceptance
notification.

All application materials must be returned in one mailing and postmarked
no later than May 20, 2024. Applications will be reviewed as they are
received. Acceptance will be on a rolling basis until all spots are filled.