



BENJAMIN HARRISON  
PRESIDENTIAL SITE

1230 N. DELAWARE STREET  
INDIANAPOLIS, IN 46202  
317.631.1888

PRESIDENTBENJAMINHARRISON.ORG

# FUTURE PRESIDENTS OF AMERICA

Youth Leadership Camp Dates · June 24 - June 28

This fun and innovative camp for youth builds individual confidence, civic literacy and good citizenship. Limited to 20 children (ages 12 to 16), this camp focuses on the qualities that make great presidents—yesterday, today and tomorrow. Applications will be considered until April 30, 2019 or until student selection is completed. Find out more at [PresidentBenjaminHarrison.org](http://PresidentBenjaminHarrison.org).

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



Please answer the following questions in your own way:

1. What president would you like to meet and why? \_\_\_\_\_

2. What is the most important trait of a good leader and why? \_\_\_\_\_

3. If you were president, what would your vision be for our country? \_\_\_\_\_

(Continue on the back, as needed)

STUDENT SIGNATURE \_\_\_\_\_

PERSONAL REFERENCES:

1. Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

3. Name \_\_\_\_\_ Phone/Email \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

If my student is selected, I understand that they receive a full scholarship, (\$400 value) and commit and agree that he/she can attend the full Future Presidents of America Leadership Camp sessions from June 24 to June 28, from 9am to 4pm:

SIGNATURE \_\_\_\_\_

For more detailed information about the application process, please email [rhartig@bhpsite.org](mailto:rhartig@bhpsite.org).

AN INITIATIVE OF THE BENJAMIN HARRISON PRESIDENTIAL SITE

Our mission is to share  
the life stories, arts  
and culture of an  
American President  
to increase public  
participation in the  
American system of  
self-government.



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## Please confirm the following information:

NAME OF YOUNG LEADER \_\_\_\_\_

NAME OF PARENT / GUARDIAN(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY / STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT / GUARDIAN EMAIL ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GENDER (CIRCLE ONE): MALE FEMALE

CURRENT SCHOOL \_\_\_\_\_ CURRENT GRADE \_\_\_\_\_

## Emergency contacts

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL PHONE \_\_\_\_\_

*How will your child be transported to and from camp? (circle one)*

Dropped off by parent/guardian Walk / Bus Other \_\_\_\_\_

Who is permitted to pick up your child: \_\_\_\_\_

*(Please note: Your child will not be permitted to leave with an unauthorized adult)*

## Medical

Does the child have any allergies or medical conditions? YES NO

If yes, please list:

*Please list any medicines the student takes on a regular basis:*

*Camper's doctor or clinic information:*

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Insurance carrier and policy number \_\_\_\_\_

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## Permissions and agreements

I give permission for my child to participate in Future Presidents of America Camp at the Benjamin Harrison Presidential Site. I give permission for my child to be transported on field trips and to take part in all program activities, on and off-site. I hereby release the Benjamin Harrison Presidential Site from liability to me or my child because of an injury to my child while at Future Presidents of America Camp, during camp activities, or while being transported on field trips.

I authorize photos of my child that are taken during Future Presidents of America Camp, quotes, project work, and writings by my child to be reproduced for use by the Presidential Site in media, publications, and promotion. (In the interest of privacy, only first names and current grade level will be used.)

I understand that daily attendance at Future Presidents of America Camp is essential for my child to receive the maximum benefit from the program.

I agree to notify the Presidential Site immediately if my child's transportation plans or emergency contacts change at any time before or during the program.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE PRINT NAME \_\_\_\_\_

## Additional Considerations

- . *Please provide a sack lunch that doesn't require refrigeration*
- . *While there is no mandatory attire for the camp, we request that participants present themselves at their best and dress appropriately. (Daily leadership sessions include the opportunity to meet and address prominent civic and business leaders).*
- . *If camper has a phone or electronic device, advise that it should be turned off during class time.*
- . *Camp hours are from 9am to 4pm every day. There is a 15 minute grace period, but after this time, a \$25 fee will be assessed for each additional 15 minutes.*

Please note any questions and a staff person will follow up with you:

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