

Governor's Youth Opportunity Camp at Camp Horseshoe



Providing no-cost summer camps for eligible West Virginia children at Camp Horseshoe since 1975

2024 Dates

June 30 - July 6

July 7-13

July 14-20

July 21-27



Children thrive in Horseshoe's safe and supportive atmosphere of purpose, positive role models, caring expectations, outdoor exploration, hands-on learning, and character building activities. The residential experience of family and community sets Horseshoe apart as a favorite place for generations of WV youth. It only takes a **week** at Horseshoe to make a world of difference in the life of a child.

Eligible 7-12 year old children may attend camp at no cost. Others pay \$365 (\$320 if paid by May 15th). Governor's YOC is for WV children aged 7-12 who meet certain income guidelines, receive cash assistance (TANF/SNAP), SSI, or Protective Services from the WV Department of Human Services.

Transportation is not provided by Horseshoe. Some local agencies do. Contact Horseshoe for information on transportation in your area.

Arrive on Sunday from 2-4 pm.
Leave on Saturday at 9 am.

Insurance is to be provided by parents. You are responsible to have adequate coverage for the child at camp. Attach a copy of insurance card or medical card to the Health History Form.

Health History, current physical and parent/guardian signed permission must be turned in at or before registration on opening day of camp session.

Applications are due at least three weeks before the camp session. Applications are available from Horseshoe, WVDHHR. Community Action and other agencies.



Register online at:
yaleads.org

Or

Mail completed application to:

Camp Horseshoe
3309 Horseshoe Run Road
Parsons, WV 26287
304-478-2481





CAMP HIGHLIGHTS

Making friends, making memories, making a difference for good.

- Archery
- Basketball
- Bracelet Making
- Snorkeling
- Creek Exploration
- Hiking
- Fishing
- Gaga Ball
- Home-cooked meals
- Arts and Crafts
- Classic Camp Traditions
- Learn New Languages
- Olympics
- Literacy Skills
- Social-Emotional Learning
- Campfires
- Cabin Adventures
- Sports and Physical Fitness
- Field Games
- Slip N Slide
- Awards Ceremony
- Banquet
- And so much more!



For Stronger Families, Better Communities and a Stronger State!

Youth Opportunity Camp (YOC) is prevention and intervention through direction into positive activities and goals. Horseshoe becomes a home away from home where nutritious, plentiful meals are the norm, healthy routine is part of the program, and every person is accepted and valued. YOC helps children build confidence, develop self-control, get along with others, and set goals. YOC promotes physical and mental activity, good nutrition, school success, positive choices and healthy living. Campers tell their camp counselors that they feel better equipped to do well in school and to make and keep friends after their time at camp. YOC is an investment to create the future!



Horseshoe programs are provided without discrimination on the basis of race, color, national origin, sex, age, or disability. YLA partners with the USDA Forest Service and is an equal opportunity provider and employer.

IV. Eligibility:

Applicant is eligible for camp because of Department of Health & Human Resources Benefit received and checked in Part III...OR...the Applicant's family gross *monthly and gross annual income for the number of persons in the household on Part II answer No. 11 and 12 is at or below the levels on the chart below. For School Year July 1, 2021-June 30, 2022.

Household Size	Allowable Gross Monthly Income	Yearly Gross Income	Household Size	Allowable Gross Monthly Income	Yearly Gross Income
1 Person	\$2,248	\$ 26,973	5 Persons	\$5,418	\$65,009
2 Persons	3,041	36,482	6 Persons	6,210	74,518
3 Persons	3,833	45,991	7 Persons	7,003	84,027
4 Persons	4,625	55,500	8 Persons	7,795	93,536

Each Additional Household Member, add..... \$793 \$9,509

V. Free/Reduced Priced Meals:

A portion of the camp fee for YOC eligible children is paid by the Department of Education's Summer Food Program, the free/reduced priced meal income guidelines are listed in part IV above.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The information that you send will be used to determine or prove your child's eligibility for free or reduced price meals. It may also be shared for the same purpose with other agencies sponsoring USDA child nutrition programs or with federal and state educational programs as permitted in federal nutrition program regulations.

VI. Permission:

My child named in this application has my permission to attend the Horseshoe Governor's Youth Opportunity Camp on the dates confirmed by Horseshoe. I understand that first aid will be available at the camp; that the camper will be closely supervised and that if a serious illness or injury develops, medical and/or hospital care will be given; however the camp staff are not responsible in case of accidental injury or illness. I further understand that in case of serious injury or illness I will be notified but if it is impossible to contact me, I give permission for emergency treatment or surgery as recommended by attending physicians.

VII. Applicant Statement:

I certify that I have read or had read to me all statements on this form and that the information is true and complete to the best of my knowledge. I also understand that if I deliberately give any false information or withhold any information related to my situation, I am liable for prosecution for fraud. I understand that any information I have given is subject to verification by an authorized representative of the local sponsoring agency and the Department of Health and Human Resources.

I support my son/daughter's application and participation in this program at Horseshoe. I certify that my son/daughter is amenable to discipline and free from habits or attitudes which would make him/her an undesirable camper. I also authorize Horseshoe (Ohio-West Virginia Youth Leadership Association) to have and use the name, photographs, slides, digital images, or video tape of the person named on this application as may be needed for its records or public relations programs including its web site and news releases.

Signature of Agency Interviewer _____	Required: Signature of Parent or Guardian _____	last 4 digits of SSN _____	Date _____
---------------------------------------	-----------------------------------------------------------	----------------------------	------------

Affirmative Action Survey: Funding agencies require periodic report on the sex, ethnicity, and disability status of the applicants. This data is for analysis and affirmation action only. Mark one or more racial identities from this group. Submission of this information is voluntary.

Check all that apply:

Asian American Indian/Alaska Native White Black or African American
 Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group Hispanic or Latino or Not Hispanic or Latino

FOR HORSESHOE USE ONLY:		
Approval _____	Disapproval _____	Date _____

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g.Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877 8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: **(1) MAIL** - U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; **(2) - (202) 690-7442;** or **(3)Email:** program.intake@usda.gov

Health History Form may be attached to this application or submitted at registration on opening day of the camp. Submission of health history and signed parent's authorization are required for camper to be admitted to the Horseshoe Program.

Horseshoe Leadership Center, a partner with the Monongahela National Forest and the USDA, is an equal opportunity provider and employer.