



**Diocese of Gaylord: Office of Faith Development
Just Works Scholarship Application Form**

The Office of Faith Development would like to offer the youth of our diocese the opportunity to apply for three \$100 scholarships for the 2015 *Just Works* program. All applications will go through a screening process, and three of all those submitted will be chosen to receive financial aid to attend the *Just Works* program.

CRITERIA

- ◆ Scholarships are awarded toward registration cost (ONLY) per program/event. This does not include housing, travel, meals, or spending money (unless included in registration costs).
- ◆ Scholarships will be distributed based on an individual need.
- ◆ Participant's who have been awarded scholarships and failed to participate or attend the program, forfeit the opportunity to apply for future scholarships and are responsible for repaying the scholarship granted as well as the cost to the Diocese of Gaylord.
- ◆ The Application Deadline is **June 1, 2015**; forms received after this date will not be considered.
- ◆ The Youth must already be registered for *Just Works* before applying for a Diocesan scholarship.
- ◆ Scholarship awards are non-transferable.
- ◆ Late fees or substitution fees are not included in scholarship awards.

APPLICATION PROCESS

Any youth who would like to be considered for a Diocese of Gaylord: Faith Development Scholarship must complete the Scholarship Application Form.

Each application must be accompanied with the required program benefit paragraph required on the scholarship application.

Each application must be signed and dated by the participant and their parent/guardian.

The Faith Development Office must receive the original Faith Development Scholarship Application Form. Please return the form to:

Dannie Brzezinski
Director of Faith Development
611 W. North Street
Gaylord, MI 49735

Diocese of Gaylord: Office of Faith Development
Just Works Scholarship Application Form

List the Parish and city which you and your family are registered parishioners:

Youth Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ E-mail: _____

Date of Birth: ____ / ____ / ____ Grade: _____ Age: _____

What program are you attending, that you need financial aid?	Just Works
What is the total cost of the program?	<u>\$275.00</u>
How much is the parish contributing?	<u>\$</u>
What is your cost?	<u>\$</u>
How much are you able to contribute?	<u>\$</u>
How much are you asking for in scholarship?	<u>\$100.00</u>

Write a short paragraph explaining how you believe this program will help you grow spiritually and further develop your Catholic Faith. The more detail you write the better we will understand your need for the scholarship. (Please attach to this form).

I understand that failure to fully participate or attend this program; will result in my being ineligible to apply for further scholarship assistance. I also understand that my family and I will then be responsible for repaying the scholarship as well as the parish contribution.

Participant Signature

____ / ____ / ____
Date

Parent/Guarding Signature

____ / ____ / ____
Date

JUST WORKS

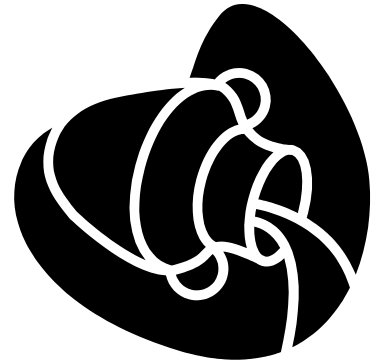
Sponsored by:
The Diocese of Gaylord
Secretariats of Justice and Peace & Faith Development

The Just Works experience, for youth, introduces young people to concepts: peace and justice, Catholic Social Teaching, and the scriptural background for that teaching. Just Works challenges young people to live out the Gospel call to peace and justice in their personal lives. The program enables youth to understand Catholic Social Teaching and apply it to peace and justice issues and to act on this application. The program will be held in beautiful Traverse City at the old home of CLI—Twin Lakes. It will offer justice education through presentations, sharing, experiential simulations, prayer, and community living. There will also be plenty of good food and recreational time—including a sports field and a beach.

SPACE IS RESTRICTED TO 35 YOUTH.
Apply Early to save a place at Just Works 2014

July 27-31, 2015
Twin Lakes in
Traverse City
\$275.00
Grades 8 to 12

ELDER LEADERS:
GARY SIELSKI, STACEY POPP,
BR. MIKE WHITMAN, RYAN BROWN,
JACKIE WELLES, WAYNE WINTER



FIVE DAYS-4 NIGHTS-COST\$275.00 GRADES 8-12

DEAD LINE FOR ALL FORMS AND MONEY

June 26, 2015

**Diocese of Gaylord- Just Works
611 W. North St.
Gaylord, MI 49735**

**Contact: Wayne A. Winter
(989)345-8757x306
wayne.a.winter@gmail.com**

Checks payable to: Diocese of Gaylord



REGISTRATION FORM

This form must be returned to Dannie Brzezinski
along with the \$275.00 fee by June 26, 2015.

Student Name _____
Last First Middle Initial

Address _____
City Zip

Home Phone() _____ e-mail _____

Parent (s) Name _____
Father (if applicable) Mother (if applicable)

Parents Address _____

Students Date of Birth _____ Age _____ Grade as of Sept 2014 _____

Parish _____ City _____

Pastor / Pastoral Administrator _____

- I hereby allow photos to be taken of my child for use in *Just Works* publications.
 I do not wish photos of my child to be used in *Just Works* publications.

I am interested in attending the 2015 *Just Works Experience*. Enclosed please find the \$275.00
Registration fee, and all necessary forms completely filled out.

Student Signature _____ Date _____

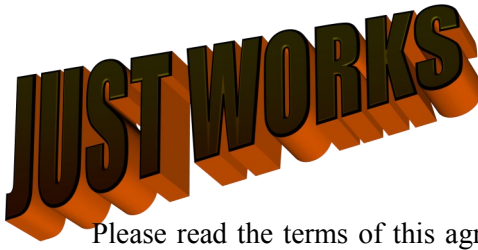
Parents Signature _____ Date _____

Pastor/Pastoral Administrator Signature _____ Date _____

Make Checks payable to *Diocese of Gaylord*.
Mail to: Dannie Brzezinski—Just Works
611 West North St.
Gaylord, MI 49735

Circle or write in your child's Shirt
Size:

S M L XL _____



2015 PARTICIPANT AGREEMENT

Please read the terms of this agreement very carefully. If you do not understand any of these terms, please ask for clarification. All of these terms have been carefully thought out to give you the best *Just Works* experience possible. **Violation of the following terms will result in dismissal from the program.** Your parents/guardian will be called to come and get you, regardless of the time, day, cost, or distance.

- This is a **smoke-free and alcohol/drug-free zone**, both indoors and out.
- The sleeping quarters of the opposite sex are off limits **at all times**.
- Being outside after the curfew is not allowed. (Curfew begins immediately following lights out prayer.)

Regulations for Buildings and Grounds

1. No food or drink allowed in the bedrooms. Snacks and Pop will be available at times throughout the week.
2. Please do not go near the lake or beach front except during the designated swim times.
3. Please keep the grounds, bathrooms, bedrooms and general area CLEAN! Your behavior in this regard reflects on the whole Program.
4. Report promptly any broken or malfunctioning items to an adult leader.
5. All medications, **prescription and non-prescription**. Must be turned over to the designated adult health person. She/He will supervise all medication and make decisions necessary for your health and well being. No teen or adult is to give out any medication, prescription or non-prescription, without the knowledge and approval of designated adult health person.

Just Works Regulations

1. Youth will not be allowed to use the telephones, pay phone, cell phones, etc. You will be notified if an emergency phone call comes in for you.
2. Cars are off limits. Your parents and/or other designated adults are responsible for your transportation to and from the conference.
3. This is a group experience and a time for meeting new friends. Relationships or cliques that exclude others limit us all. Please be inclusive, not exclusive!
4. This program is a Christian program. Your language should reflect this at all times. Use of profanity and/or abusive language is **not** appropriate.
5. Appropriate Dress is also expected. Strapless or spaghetti straps are not allowed. A one piece or tankinies are encouraged. If you have a question about whether something is appropriate it probably is not. If you are dressed inappropriately you will be asked to cover up.
6. Bring your journal to all sessions along with a pen/pencil. Please be on time We do not begin until **ALL ARE PRESENT!**

Just Works is a Christian experience. Please be conscious of this when you are packing clothing for the week. Appropriate dress is expected. (meaning no belly shirts, short-shorts, hip huggers, bikinis, etc.) We don't want to be the fashion police, but we will ask you to change or cover up if your clothing is inappropriate (revealing etc.) Save yourself the embarrassment...just don't bring it.

I have read and understand the above. I agree to observe all of the above regulations as well as any other guidelines asset out by the *Just Works* Team.

Name _____ Date _____

Participant Signature

I have read and understand, and agree to the above regulations make for the well being of my child, _____, who will be attending *Just Works Experience 2015*.

Name _____ Date _____

Parent/Guardian Signature



Sponsored by the Diocesan Offices:
Justice and Peace and Faith Development

Just Works 2015

PARTICIPANT HEALTH HISTORY & EMERGENCY TREATMENT FORM

Participants Name _____
Last First Middle Initial
Students Date of Birth _____ Age _____ Sex _____

Parent/Legal Gardian _____
Home Address _____ Phone() _____
Business Address _____ Phone() _____

If not available in an emergency Notify:
1.) _____ Phone() _____
2.) _____ Phone() _____

Arrival Date: _____ Departure Date _____

Name of person (s) participant can be released to:

HEALTH HISTORY INFORMATION

Allergies	Illness(es)	Other
_____ Hay Fever	Give approximate dates	Give dates acquired/is medication required?
_____ Insect Stings	_____ Chicken Pox	_____ Bleeding/Clotting Disorders
_____ Penicillin	_____ German Measles	_____ Convulsions
_____ Other Drugs	_____ Measles	_____ Diabetes
_____ (specify)	_____ Asthma	_____ Ear Infections
	_____ Mumps	_____ Heart Defects

Serious injuries or operations? (include dates) _____

Recurring or chronic illness? _____

Family Physician _____ Phone () _____

Dentist/Orthodontist _____ Phone () _____

Is attendee covered by family medical/hospital insurance? Yes No
If yes: Insurance Company Name _____
Policy/group number _____
Whose name is this policy in? _____
Their telephone number() _____

OVER

**2015 PARTICIPANT HEALTH HISTORY
& EMERGENCY TREATMENT FORM (continued)**

Restrictions and Medications (give specific details and instruction)

Special Diet _____

Current Medications _____

Prescription \Drugs _____

Swimming Restrictions _____

Specific activities to be encouraged _____

Specific activities to be restricted _____

Suggestions/Additional Information _____

Authorization and Consent of Parent (s) and/or Legal Guardian (s):

The following **MUST** be SIGNED and DATED by both the participant and/or participant's parent (s) or legal guardian (s) (if the participant is under the age of 18). This form is to be present before/upon arrival at *Just Works* for inspection by the Health Care Professional for *Just Works*.

This Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted within this document.

I hereby give permission to the physician selected by the *Just Works Facilitator** to order x-rays, routine tests and treatment for the health of _____ (participants name), and in the event that I can not be reached in an emergency, I hereby give permission to the physician selected by the facilitator or their representative to hospitalize, secure proper treatment for, and to order injection and/or aesthesis And/or surgery for:

(Participant's full name) _____

Parent (s) Legal Guardian _____ Date _____

Signature

Date _____

Participants Signature _____ Date _____

This Form **MUST** be returned **BEFORE June 26, 2015**

Return to: Diocese of Gaylord—Just Works
ATTN: Dannie Brzezinski
611 West North St.
Gaylord, MI 49735

*Current *Just Works Facilitator*: Wayne A. Winter, P.C.L.



2015 POLICY

Youth & Adults are prohibited from bringing, selling, possessing, or consuming non-prescribed drugs while at Just Works or on the premises.

RULES

Any youth discovered to be bringing, purchasing, selling, possessing or consuming drugs or alcohol while at Just Works or on the premises, or in the immediate vicinity shall be immediately expelled. Any youth leader or other support staff (paid or volunteer) who has any information regarding a violation or suspected violation of this rule shall report all such information to the Facilitator who will take appropriate action including the application of policies and rules relating to expulsion.

A search can be conducted to verify the suspicion or clarify the discovery. It may include without prior warning an inspection and search of a youths person, pockets (the youth will be required to empty her/his pockets), book bag, purse, suitcase, car, etc. Questioning for the same purpose may include questioning by the *Just Works* Facilitator, a member of the staff, a member of the support staff or person acting in the place of any of these and/or police.

The local police department shall be notified immediately and, if possible, the youth detained whenever there is reason to suspect a youth may have drugs or when drugs are discovered or there is evidence that drugs are present on the premises.

Any youth found to be in violation of this policy and rule is subject to expulsion.

A youth who interferes with or otherwise obstructs the search and questioning allowed in this policy and rule shall be subject to disciplinary action including the possibility of expulsion.

Just Works and the Diocese of Gaylord, engage in various communications regarding programs and activities at the *Just Works* experience through correspondence and publicity with families, parishioners, as well as mass media and members of the wider community. This may involve—but is not limited to—photos, video, audio, written materials, bulletin boards, newspapers, radio, television, PowerPoint, Internet, etc..

By signing the above registration form, you have authorized *Just Works* and the Diocese of Gaylord to use your child's name, picture, age, parish/school, verbal or written remarks, and parent's names to be utilized for such publicity.

What to bring to Just Works 2015

Besides yourself, a good attitude & a willingness to make new friends

CLOTHING...INFORMAL

Pants/Shorts (not too short)
Short & Long Sleeve Shirts
(no strapless/revealing tops)
Sweater/Jacket
Socks/Underwear for a week
Bathing Suit (appropriate)
Shoes-sneakers/sandals

PERSONAL ITEMS...

Soap in a container
Toothbrush,
Toothpaste,
Deodorant, etc.
Shampoo, Combs



Musical Instruments
(guitar, flute,
trumpet etc.)
PLEASE! There is no
need to be shy!

TOWELS & BEDDING
BEACH TOWELS
& PILLOW/BLANKET
AS YOU WISH

MISCELLANEOUS...

Bible
Pen, pencil, notebook
Bag for laundry
Spending Money (for your
ride to and from Just
Works).

What NOT to bring to Just Works!

NO food items.
NO Dress Up Clothes.
NO skateboards,
rollerblades, etc.
NO Cell Phones.
ABSOLUTELY NO
Tobacco, Drugs, or
Alcohol Products.



NO Expensive Items.
NO radios or TV's.
NO Boom boxes.
NO CD Players.
NO I-pods. NO Video
games, DVD Players
etc.