



# CAMPUS CONNECTIONS

FOR DEAF AND HARD OF HEARING  
& DEAF-BLIND TEENAGERS

JUNE 8-10

2023

UNIVERSITY OF COLORADO,  
BOULDER

## The Campus Connections Experience

Campus Connections is a three-day/two night post-high school preparation program focusing on personal growth and self-reliance for high school students who are Deaf or Hard-of-Hearing (DHH) and interested in furthering their education after high school. Twenty-five campers in grades 9-12 as of May 2023 will be chosen to participate on a first come, first serve basis.

### Camp Overview

Many DHH high school students struggle with college or post-secondary training. They may not know how to access services or are aware of their rights and experience social isolation. For over a decade, Campus Connections has given DHH teenagers the chance to:

- Navigate college application systems and explore options for postsecondary education
- Request and receive services needed & learn about accommodations and technologies
- Maximize the educational experience with campus resources and effective strategies
- Meet and interact with DHH peers and adult mentors with diverse experiences
- Experience campus life including dining halls and dorms

### Camp Activities:

- Community resources workshop
- Assistive Listening Device demonstration
- Campus scavenger hunt
- “C4C” dining experience
- “The Rec” Center activities
- Socializing with other teens

### Parent Involvement

Campus Connections offers a parent workshop on Saturday afternoon lead by parent advocates from Colorado Hands & Voices. Parents will be given info on how to provide effective support as DHH teenagers navigate through their journey into adulthood.

The workshop and “Round-Table Discussion” will focus on strategies and is designed to support teenagers in making a successful transition from high school to college. They will have the opportunity to ask questions about financial aid, options, and opportunities, and the process of setting up classroom and dorm accommodations. Parents will be invited to the Campus Connections Closing Ceremonies on Saturday June 10, 2023 to hear about what their teenager learned during the program.



### Campus Connections Application & Tuition

Campers will be selected and notified of camp acceptance on a first come, first serve basis. Teens from out-of-state who need to plan travel arrangements will receive an acceptance letter within seven business days of applying. Once selected, Campers will receive a complete packet of information with the agenda, packing list, maps, and a list of expectations.

#### Applicant

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone  Voice  VP  TTY

Email: \_\_\_\_\_

School: \_\_\_\_\_ Grade (as of Spring 2023): \_\_\_\_\_

Hearing Loss (check one):  Deaf  Hard of Hearing (please attach recent audiogram)

Listening Technology Used - Left Ear: \_\_\_\_\_ Right Ear: \_\_\_\_\_ (please be specific)

HA = hearing aid; CI = cochlear implant; BAHA; N/A = none; Other

Technology Device Make and Model(s): \_\_\_\_\_

#### Camper Selection Criteria:

1. Must be in 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, or 12<sup>th</sup> grade as of Spring 2023
2. Demonstrates motivation to attend and successfully complete education beyond high school
3. In good academic standing at school
4. Shows a balance of academic and extracurricular pursuits

Return Application with \$100 Tuition Deposit no later than May 1, 2023 to:  
The Marion Downs Center, 4280 Hale Parkway, Denver, CO, 80220

The \$500 tuition includes food and lodging for 2 nights.

Tuition Balance of \$400.00 will be due on May 25, 2023.

Financial Assistance Applications are available upon request.

For questions contact: The Marion Downs Center 303-322-1871 or [contact@mariondowns.org](mailto:contact@mariondowns.org)

**Cancellation and Refund Policy:** The \$100 tuition deposit is nonrefundable for accepted participants after May 10, 2023.

**Method of Payment:**  Cash  Check  Credit Please Make Checks Payable To: Marion Downs Center

Name on Credit Card/Check: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



## Out of State Campers

We encourage teenagers from around the country to attend Campus Connections! This page has information to help you plan your trip. Please send your completed application ASAP so we can secure your spot at camp, and you can begin making your travel arrangements.

### Getting Here

The closest major airport to our host campus, University of Colorado Boulder is the Denver International Airport (DIA), approximately a 45-minute drive. Car rentals, taxi service, public transportation, and limited hotel shuttle services are available to transport you to the campus from the airport.

### Scheduling

Please review the camp schedule when making your travel arrangements.

Camp Opening:	Thursday, June 8 – 2:00pm (no lunch provided)
Camp Closing:	Saturday, June 10 – 4:00pm
Parent Session (optional):	Saturday, June 10 – 1:00 to 4:00

### Overnight Accommodations and Things To Do

Colorado is an exciting vacation destination for millions of people year-round! The whole family can easily enjoy a vacation while your teen is attending camp.

We recommend that you visit the following websites for various maps, hotel accommodations, and suggested itineraries:

- [www.bouldercoloradousa.com](http://www.bouldercoloradousa.com)
- [www.colorado.edu/visit/index.html](http://www.colorado.edu/visit/index.html)
- [www.colorado.com](http://www.colorado.com)

Please note that we cannot assist with the expenses or planning of travel arrangements. This includes:

- Transportation to/from the airport
- Overnight accommodations for the night before or after camp

Please plan to travel with your child or make arrangements for supervision before/after camp. To ensure everyone’s safety, we will ask that you send us the details of your travel arrangements prior to the start of camp.



### Participant Information Disclosure, Consent, and Release

**Event:** Campus Connections  
**Date:** June 8-10, 2023  
**Affiliated Location:** University of Colorado at Boulder

Camper's Name: \_\_\_\_\_

- I wish to participate in the Marion Downs Center Campus Connections summer camp. I acknowledge that I am fully aware that the activities associated with this event entail certain inherent risks including damage to property, personal injury, and even death.
- In consideration for being permitted to participate in this camp, I agree to assume such risks and hereby release and discharge the Marion Downs Center (MDC), MDC staff, and the University of Colorado Boulder, and their respective officers, sponsors, trustees, employees, agents, volunteers, from any and all liability for any and all damage, loss, injury or death of every kind and nature whatsoever that in any way arises out of or relates to my participation in Campus Connections.
- I hereby give permission to the medical personnel selected by the camp director to order X-rays, routine tests, and treatment for me and/or my child and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection and/or anesthetic and/or surgery for me/or my child as named above.
- I give permission for me/my child to be transported in a private vehicle if necessary.
- I give permission for photographs taken of me/or my child to be used for camp publicity.

Camper's Signature: \_\_\_\_\_

Parent/Guardian Signature (if camper under 18): \_\_\_\_\_

### Emergency Information

Please list two contacts and order in preference to be contacted first in case of emergency

**Name:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_  Voice  VP  TTY

**Evening Telephone:** \_\_\_\_\_  Voice  VP  TTY

**Email:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Daytime Telephone:** \_\_\_\_\_  Voice  VP  TTY

**Evening Telephone:** \_\_\_\_\_  Voice  VP  TTY

**Email:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_



### Personal Emergency and Medical Information

Camper's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Medical/Hospital Insurance  Medicaid (Please enclose copy of insurance card or Medicaid)

Name of Insurance: \_\_\_\_\_ Policy/Group No: \_\_\_\_\_

**Health History:** Please explain any "yes" items on a separate sheet.

CONDITION	YES	NO	
Convulsions (Seizures)			
Heart Problems			
Diabetes			
Asthma			
Hay Fever			
Insect Sting – Severe Reaction			
Food Allergies			
Drug Allergies			
Other Diseases/Disorders			
Operations/Serious Injuries (dates)			
Additional Physical Limitations			
Currently Taking Medication			
Please provide more information for any "yes" items:			
Name of Medication	Dose	Frequency of Administration	Delivery Method

**Camper/Parent's/Guardian's Authorization:** This healthy history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted by me. I hereby give permission to the physician selected by the camp director to order x-rays, routine tests, and treatment for my health (or if parent/guardian, the health of my child). In the event that my emergency contact cannot be reached in any emergency, I hereby give permission to the physician selected to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for me (or if parent/guardian, my child) as named above. I understand and agree that the Marion Downs Center (MDC), MDC staff, University of Colorado Boulder, and their respective officers, sponsors, trustees, employees, agents, volunteers, are not liable for any illness, injury, or accident of a camper or visitor.

\_\_\_\_\_  
Parent/Guardian Signature (if under 18) \_\_\_\_\_  
Date