



Eligibility Requirements for the SJRA Scholarship Program

September 2026

- 1. Scholarships are available for young birders 7-21 years old.**
2. The programs do not need to be located in St. Johns or Putnam Counties, but you (the applicant) must live in St. Johns or eastern Putnam Counties (within the SJRA's territory).
3. **Submit your scholarship application at least 45 days prior to the proposed program.** Applications can be submitted to Kate Teafor at education@stjohnsaudubon.com or by mailing your application to the following address:

St. Johns Regional Audubon
27 Fishermans Cove Rd.
Ponte Vedra Beach, FL 32082

Attn: Kate Teafor

4. You will be contacted by a member of St. Johns Regional Audubon about your scholarship application.
5. If your scholarship application is approved, you will sign (1) a waiver of liability, and (2) a photo release allowing the SJRA to use any photos of you participating in the program that you may have.
6. Any scholarship funds awarded will be paid directly to the program in your name/account or we will reimburse you for your verified costs.
7. Once you complete the program, you agree to submit to the SJRA a report of your experience, explaining what you have learned. Please include any photos or other materials that you think might be helpful to the SJRA or others.



**Young Birders
Scholarship Application**
September 2026

1. Name: _____ Age: _____

2. Name of Parent or Legal Guardian if Applicant is under 18:

3. Address:

4. Email: _____ Phone: _____

5. Name and Location of Program/Camp:

6. Date(s) of attendance: _____

7. Have you already registered for the program? Yes No

8. Have you already been accepted into the program? Yes No

9. Amount you are requesting for your scholarship: _____

10. What do you hope to learn or accomplish by participating in this program? On a separate page, please explain: (1) the types of activities you hope to participate in; (2) topics you expect to learn about; and (3) how your participation in the program/camp could affect your future.

11. Do you agree to submit a post-program report? Yes No

12. _____

Signature of Applicant

Date

or Parent/Legal Guardian if Applicant is under 18 years of age:



SJCA YOUNG BIRDERS SCHOLARSHIP PROGRAM WAIVER AND RELEASE

WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for receiving a scholarship under the St. Johns Regional Audubon's Young Birders Scholarship Program ("Young Birders Scholarship Program"), the undersigned **Applicant** (if over 18 years of age), _____ or **Parent/Legal Guardian of the Applicant**, _____, **on behalf of the underage Applicant** _____, (hereafter referred to collectively as "I", "me", or "my") releases and agrees not to sue St. Johns Regional Audubon ("SJRA") or its officers, directors, members, sponsors, agents and affiliates from all present and future claims that may be made by me, the Applicant, his or her family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Applicant's participation in any program or event for which the Young Birders Scholarship Program provided funds to the Applicant, wherever, whenever, or however the same may occur.

Furthermore, the Applicant, his or her Parent/Legal Guardian, family, estate, heirs, and/or assigns:

1. Acknowledge that the Applicant is voluntarily participating in any and all programs funded by the SJRA Young Birders Scholarship Program with knowledge of any danger involved and agrees to accept all risks of participation.
2. Agree to indemnify and hold harmless the SJRA for all claims arising out of the Applicant's participation in the Young Birders Scholarship program.
3. Understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Young Birders Scholarship Program take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.
4. Acknowledge that the SJRA has not arranged and does not carry any insurance of any kind for the benefit of the Applicant, his or her parents, guardians, trustees, heirs, executors, administrators, successors and assigns.
5. Represent that the Applicant is in good health and suffers no physical impairment that would or should prevent the Applicant's participation in the Young Birders Scholarship Program.
6. Understand that this document is a contract which grants certain rights to and eliminates any potential liability of the SJRA.

I am the Applicant or the Parent/Legal Guardian of the Applicant. I am of legal age and am freely signing this agreement. I have read this agreement and understand that by signing it, I am giving up legal rights and remedies.

**Signature of the Applicant (if over 18 years of age)
or Parent/Legal Guardian**

Date



PUBLICITY RELEASE

In return for receiving funds from the St. Johns Regional Audubon's ("SJCA") Young Birders Scholarship Program ("Young Birder Scholarship Program") and all related activities, including any activities incidental to such participation ("Applicant Activities"), the undersigned Applicant or Parent/Legal Guardian of the Applicant, as the case may be (hereafter referred to collectively as "I", "me", or "my"), hereby grants to the SJRA, and all officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Applicant's name, address, voice, photograph and/or likeness, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Young Birders Scholarship Program in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing the SJRA, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived therefrom will be owned solely by the SJRA. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the SJRA.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Young Birders Scholarship Program takes place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I am the Applicant or the Parent/Legal Guardian of the Applicant. I am of legal age and am freely signing this agreement. I have read this agreement and understand that by signing it, I am giving up legal rights and remedies.

Signature of the Applicant (if over 18 years of age)
or Parent/Legal Guardian

Date

