AgDiscovery Summer Enrichment Program Application

AgDiscovery Summer Enrichment 5-Day Summer Program

Sponsored by the U.S. Department of Agriculture's Animal and Plant Health Inspection Service (APHIS) and Alcorn State University

Date: July 13-17, 2026 Age: 13-17 Location: Alcorn State University

About the Program:

AgDiscovery is a free summer outreach program to help students explore careers in agricultural sciences. As an AgDiscovery student, you will spend five days learning from university professors and USDA experts—plant and animal scientists, biotechnologists, veterinarians, wildlife biologists, administrative professionals, and others. You'll gain hands-on experience through labs and workshops, and you'll join in many other fun and educational events. It's a unique chance to get a first-hand look at the many exciting career paths in agriculture.

The program will be 5 days, and you will return home at the end of each day.

Application Deadline: Friday, May 22, 2026

Student Information

Student's Full Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Student's Email: _____

Student's Cell Number: _____

Student's Age: _____

Student's Date of Birth: _____

Gender of Student: _____

Current Grade Level: _____

Name of Current School: _____

T-shirt Size: _____

Please include the following with your application: Two-page essay stating why you are interested in this program, either typed or neatly hand-written. Three letters of recommendation from trusted adults (not related to the applicant) such as teachers, coaches, pastors, mentors, etc.

Documents to Include With Application: _____

Parental Release Form

Parent/Guardian Name: _____

Alternate Phone Number: _____

Primary Phone Number: _____

Email Address: _____

I hereby grant permission for my child, _____, to participate in the AgDiscovery Summer Enrichment 5-Day Program.

I certify that my child may participate in strenuous physical activities associated with the program. I agree to defend, indemnify, and hold harmless USDA-APHIS and the selected supporting sub-agencies, their officers, servants, agents, and/or employees, contractors, and insurers from any and all claims for injuries sustained by my child during his/her participation in this program.

Permission is granted in the agreement for my child to receive emergency medical treatment, if needed, and I certify there are no limits to my child's participation in the program activities, except as stated in writing, and included with the medical history.

I understand and acknowledge that USDA-APHIS does not offer any medical insurance to protect against injuries, makes no claims to do so, and has no responsibility for any medical expenses incurred. I understand that the participating student must assume the risk and any related financial responsibility that could result from participation in any of the program activities. I agree to assume any risk and financial responsibility.

I also understand and acknowledge that Zero Tolerance will be enforced for any acts of disobedience or inappropriate conduct towards staff or persons involved in the program. This includes any disrespectful behavior or language, profanity, threats, etc. I further understand that any violation of the Zero Tolerance policy will result in my child's immediate dismissal from the program.

I have received a copy of the Parental Release Form and Student Contract and have reviewed both with my child.

Parent/Legal Guardian's Signature: _____

Today's Date: _____

USDA Student Program Parental Release Form/Picture & Video Release Statement

As parent/guardian of _____,

I fully understand the conditions stipulated above, and hereby give full consent to USDA-APHIS to reproduce my child's picture and/or video in future promotional material. Permission is hereby granted to the U.S. Department of Agriculture to use pictures and video(s) of my child in any promotional materials.

Parental/Legal Guardian's Digital Signature: _____

Today's Date: _____

AgDiscovery Student Contract

Acceptance into the AgDiscovery Program is a privilege, but it also requires students and parents to assume certain responsibilities.

I, _____, as a participant in AgDiscovery, a summer youth enrichment program sponsored by USDA-APHIS and Alcorn State University, do hereby accept the conditions stipulated below:

I will participate in and be on time for all sessions and activities, unless excused by a staff member. I will conduct myself in a respectful and courteous manner at all times. I will not smoke, use drugs or alcohol during AgDiscovery, and I understand that by doing this, I will be sent home immediately. I understand that I may be held responsible for any damage to equipment or facilities. I also understand that Zero Tolerance will be enforced for any acts of disobedience or inappropriate conduct towards staff, other participants, or people involved in the AgDiscovery program. The use of cell phones and other handheld devices is strictly prohibited during presentations. AgDiscovery participants are not allowed to have personal vehicles on campus. Appropriate attire may include khaki shorts, denim shorts, camp t-shirts, one-piece swimsuit, tennis shoes, and/or sandals. If there are any discrepancies of any kind, they should be brought to the attention of supervision and handled accordingly. I will adhere to these and all other rules of the AgDiscovery program.

If selected to participate in the AgDiscovery Program, I promise to abide by the rules and regulations that govern the program, and to make proper use of the educational advantages offered. If for any reason, I violate any part of the Student Contract, I acknowledge that I can be dismissed from the AgDiscovery program and sent home immediately.

Student's Digital Signature: _____

Today's Date: _____

Student's Full Name: _____