



flaglerschools

COMMUNITYEd.

## **Summer Camp 2015 Scholarship Eligibility and Guidelines**

1. Applications will be accepted Wednesday, April 1 through Wednesday, April 15, 2015.
2. *Submittal of the Scholarship Application does not guarantee award of financial assistance.* Applications will be evaluated for eligibility. Notification **by email** to the applicant will be made once the evaluation process has been completed. Email notification will not take place prior to June 1, 2015.
3. *Submittal of the Scholarship Application does not guarantee a reserved space in Summer Camp.* To guarantee a space in camp, prior to notification of financial assistance, the participant must register and pay the registration fee.
4. One application must be completed for each child.
5. Maximum award of 2 **CONSECUTIVE** weeks participation per applicant. When space and funds are available, applicants may be notified for additional weeks of participation.
6. Verification of participation in the Flagler County School District Free/Reduced Lunch program is required. (as verified by a letter from the Flagler County School District) AND last two pay stubs.
7. Those awarded scholarship funding must comply with all Flagler Schools Summer Camp registration/participation rules and policies.

**\*Those who fail to provide the required documentation will be ineligible for scholarship funding. Application deadline is 5:00 PM, Wednesday, April 15, 2015.**

**ADULT & COMMUNITY EDUCATION DEPARTMENT  
FEE ASSIST REQUEST**

**ALL INFORMATION MUST BE COMPLETED BEFORE CONSIDERATION CAN BE GIVEN-PLEASE PRINT**

Financial Sponsor \_\_\_\_\_

Add'l Financial Sponsor \_\_\_\_\_ **Living in same household**

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Mandatory Information:**

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_ **email** \_\_\_\_\_

**List all income sources received by this household and proof of that income**

Income Source \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Income Source \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Income Source \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

Income Source \_\_\_\_\_ Gross Monthly Income \_\_\_\_\_

**List ALL children residing in the household and check which children are applying for scholarship**

Name \_\_\_\_\_ Age \_\_\_\_\_  scholarship needed

Name \_\_\_\_\_ Age \_\_\_\_\_  scholarship needed

Name \_\_\_\_\_ Age \_\_\_\_\_  scholarship needed

Name \_\_\_\_\_ Age \_\_\_\_\_  scholarship needed

-----**For office use only**-----

Child 1 \_\_\_\_\_

Child 2 \_\_\_\_\_

Child 3 \_\_\_\_\_

Scholarship Amount \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount to be paid \$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_