



flaglerschools COMMUNITYEd.

Summer Camp 2017 Scholarship Eligibility and Guidelines

1. Please Note: **There is a \$40.00 copay per child.**
2. Applications will be accepted **Monday, April 3rd** through **Friday, April 28th, 2017** at any Extended Day site between 3:30pm and 6pm.
3. ***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 May 26th, 2017.**
4. ***Submittal of the Scholarship Application does not guarantee a reserved space in Summer Camp.*** To guarantee a space in camp the participant must register and pay the **non-refundable** registration fee **per child.**
5. One application must be completed for each child.
6. Scholarships are for 1, 2 or 3 weeks (depending on available funds) per applicant. When space and funds are available applicants **may** be notified for additional weeks of participation.
7. Verification of participation in the Flagler County School District Free/Reduced Lunch program is required (verified by a letter from the Flagler County School District) **AND** last two pay stubs.
8. 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 6:00pm Friday, April 28th, 2017.****

ADULT & COMMUNITY EDUCATION SUMMER CAMP FEE ASSIST REQUEST FORM

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

Financial Sponsor _____

Income Source _____ Gross Monthly Income _____

Add'l Financial Sponsor _____

Income Source _____ Gross Monthly Income _____

Mailing Address _____ City _____ Zip _____

Cell Phone _____ Home Phone _____ email _____

CHILDREN IN HOUSEHOLD:

Name _____ Age _____ Free Lunch _____ Reduced Lunch _____

Name _____ Age _____ Free Lunch _____ Reduced Lunch _____

Name _____ Age _____ Free Lunch _____ Reduced Lunch _____

Name _____ Age _____ Free Lunch _____ Reduced Lunch _____

ALL QUESTIONS MUST BE ANSWERED TO BE CONSIDERED. SCHOLARSHIPS ARE A MAXIMUM OF 3 WEEKS

Total number residing at the above address _____

How much can you afford to pay weekly \$ _____

OFFICE USE ONLY—(weeks attending camp)

Child 1 _____

Child 2 _____

Child 3 _____

For office use only

	Child 1 _____	Child 2 _____	Child 3 _____
Scholarship Amount	\$ _____	\$ _____	\$ _____
Amount to be paid	\$ _____	\$ _____	\$ _____