



Summer Camp 2018 Scholarship Eligibility and Guidelines

1. **There is a \$40.00 copay per child.**
2. Application will be accepted Monday, April 2, 2018 through Friday, April 27, 2018 at any Extended Day site between 3:30pm and 6pm or at the Belle Terre Swim & Racquet Club.
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 18th, 2018.**
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 upon 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 Food Services) **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 Friday, April 27th, 2018.****

Flagler County Schools Community Education Summer Camp Fee Assist Request Form

All Information must be completed before consideration can be given.

****PLEASE PRINT****

Parent(s)/Guardian(s) _____

Income Source: _____ Gross Monthly Income _____

Other financial resources being used _____

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	\$ _____	\$ _____	\$ _____