

## Dear Applicant:

Thank you for your interest in applying for tuition assistance from the Carrollwood Cultural Center. Please read the enclosed application carefully and answer the questions completely; incomplete applications will not be considered.

# Scholarships are awarded on the basis of:

Financial Need Application Statement Availability of Funds Completion of Requirements

# **Application Deadlines:**

Deadlines are listed below and applications will be reviewed

- Deadline for Application: April 30, 2024
- Notification by May 10, 2024

### **Guidelines:**

- Summer Camp tuition assistance is provided for up to 2 one-week camp sessions
- Tuition assistance is non-transferrable to another individual.
- If awarded tuition assistance, funds will be applied directly to the program.

# **Directions:**

- Complete Application Form
- Attach a copy of the first page of your completed 2023 Federal Income tax form. The Center utilizes this document to determine financial need. All documents received are private and confidential.
- Attach Application Statement.
- (Any camper statement or original art provided is optional but appreciated)

Retain a copy of the complete application for your personal files.

If you have any questions about guidelines for the tuition assistance or the process, please contact Katie Castonguay, Education Director at (813) 922-8167 ext 205 or at the following email address <u>katie@carrollwoodcenter.org</u>.

### Submit application to:

Katie Castonguay Education Director Carrollwood Cultural Center 4537 Lowell Road Tampa, Fl 33618

# <u>2024 Tom Jones Tuition Assistance Application</u> Summer Camp/ Youth Arts Intensive Camper Information

(Camper Name: First, Middle, Last):									
Today's Date: / /				Date of Birth:	/	/	Age:		
Parent/ Legal Guardian Names:									
Parent/ Legal Guardian Names:									
Home Address:									
City: State:			Zip Code:						
Telephone N	umber:			Email:					
Please check the weeks of camp you are requesting financial assistance. To the right on the small line, number them in order of preference.									
4-10 Years Old Tuition: Weekly *Jul 1 – Jul 3*			Tuition: 3-Day		Early /After Care				
<ul> <li>\$215 Member</li> <li>\$245 Non-Member</li> </ul>			□ <b>\$153</b> Non-Member		\$5 a day for Early Care \$5 a day for After Care \$50 per week for Full EC & AC *\$30 for Week 5				
Camp/ Pref	Dates		Summer Camp Early Car (Specify days o		[])	After Care (Specify days or	all)	Tuition	
Wk 1	Jun 3 – Jun 7	My	ths and Legends						
Wk 2	Jun 10 – Jun 14	Raiders of the Lost Art							
□ Wk 3	Jun 17– Jun 21	Fractured Fairytales							
<b>Wk 4</b>	Jun 24 – Jun 28	Laugh Riot Comedy							
□ Wk 5	Jul 1 – Jul 3*	Wet Wild and Wacky							
Wk 6	Jul 8 – Jul 12	Camp Hollywood							
□ Wk 7	Jul 15 – Jul 19	Prehistoric Panic							
Wk 8	Jul 23 – Jul 26	Superheroes							
□ Wk 9	Jul 29 - Aug 2	Shipwrecked							
I agree that I read the scholarship conditions. To the best of my knowledge the enclosed information is correct. Further I agree to release and discharge the Carrollwood Cultural Center and its officers,									
directors, employees and agents of and from any claims, demands, or liability of damage arising from participation of my child in any classes or programs. In addition, I understand photographs of classes may be taken and used for publicity or promotional uses. Total Requested									
Cost of Camps being requested: Percentage of assistance requested?									
Have you applied to any other organizations for financial assistance for this program? If yes, please list the organizations:									
Parent/Guardian Signature: Date:									

# Summer Arts Camp Application Statement

Please write a brief description of why your child, would like to a	attend the program at the Carrollwood Cultural Center.
Signature:	Date: