



2026 TOM JONES Tuition Assistance **Summer Youth Arts Camp Ages 4 - 10**

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, 2026
- Notification by May 9, 2026

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 2025 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 katie@carrollwoodcenter.org.

Submit application to:

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

2026 Tom Jones Tuition Assistance Application Summer

Camp Youth Arts Camper Information Ages 4 - 10

(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 Number: _____ Email: _____

Please check the weeks of camp you are requesting financial assistance. To the right on the small line, number weeks in order of preference First Through third choice.

4-10 Years Old Tuition: Weekly <input type="checkbox"/> \$250 Member <input type="checkbox"/> \$275 Non-Member	*June 29 – Jul 1* Tuition: 3-Day <input type="checkbox"/> \$150 Member <input type="checkbox"/> \$165 Non-Member	Early /After Care \$5 a day for Early Care \$5 a day for After Care \$50 per week for Full EC & AC *\$30 for Week 5
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Camp / Pref	Dates	Summer Camp	Early Care <i>(Specify days or all)</i>	After Care <i>(Specify days or all)</i>	Tuition
<input type="checkbox"/> Wk 1 ___	Jun 1 – Jun 5	Around the World	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 2 ___	Jun 8 – Jun 12	Fractured Fairytales	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 3 ___	Jun 15 – Jun 19	Monster Mania	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 4 ___	Jun 22 – Jun 26	It's All Greek Week	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 5 ___	Jun 29 – Jul 1*	Wet Wild and Wacky	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	
<input type="checkbox"/> Wk 6 ___	Jul 6 – Jul 10	Laugh Riot Comedy	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 7 ___	Jul 13 – Jul 17	Lost in Space	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 8 ___	Jul 20 – Jul 24	Superheroes	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
<input type="checkbox"/> Wk 9 ___	Jul 27 – Jul 31	Shipwrecked	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	

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.

Sub-Total	
Total Requested	

Cost of Camps being requested: _____

Percentage of assistance requested? ___ 25% ___ 50% ___ 75% ___ 100% Other amount _____

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 attend the program at the Carrollwood Cultural Center. If you are unable to type it electronically in the form below, please submit a hand-written document or a Word document.

Thank you.

Signature: _____

Date: _____