



## **2026 TOM JONES Tuition Assistance** **Summer Intensive Ages 11 - 13**

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 Intensive tuition assistance is provided for up to 1 session. (3 week for 11- 13, 4 weeks for 14-16)
- Tuition assistance is non-transferrable to another individual.
- If awarded tuition assistance, funds will be applied directly to the program.
- If applying for more than one child, please fill out the application form for each individual child.

### **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](mailto: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 Youth Arts Intensive (11 – 13) Student 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 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.**

<b>Youth Intensive Tuition: 3-Week</b> <input type="checkbox"/> \$540 Member <input type="checkbox"/> \$570 Non-Member	<b>*Youth Intensive 3 week Jun 26– Jul 14</b> <input type="checkbox"/> \$468 Member <input type="checkbox"/> \$494 Non-Member	<b>Early /After Care</b> \$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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Session	Dates	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
<b>Weeks 1 – 3</b>	<b>June 1 – June 19</b>			
<input type="checkbox"/> For the Love of <input type="checkbox"/> Three Oranges A One Act 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"/> 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"/> 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	
<b>Weeks 4-6</b>	<b>June 22– July 10*</b>			
<input type="checkbox"/> Adventures <input type="checkbox"/> In Filmmaking!		<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"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<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"/> 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	
<b>Weeks 7-9</b>	<b>July 13 – July 31</b>			
<input type="checkbox"/> Peter Pan Jr.		<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	
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		<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>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.</i>	<b>Sub-Total</b>	
	<b>Total Requested</b>	

Cost of Camps being requested: \_\_\_\_\_

Percentage of assistance requested? \_\_\_\_\_ 25% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_ 100% Other amt \_\_\_\_\_

**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 Intensive 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: \_\_\_\_\_