



CARROLLWOOD
CULTURAL CENTER

2026 TOM JONES Tuition Assistance **Summer Teen Intensive Ages 14 -17**

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. (4 weeks for 14-17)
- 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.

Submit application to:

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

2026 Tom Jones Tuition Assistance Application **Summer Teen Intensive (14 - 17) 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 and second choice.

Youth Intensive Tuition: 4-Week <input type="checkbox"/> \$720 Member <input type="checkbox"/> \$760 Non-Member	Early /After Care \$5 a day for Early Care \$5 a day for After Care \$50 per week for both EC & AC
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Session 1	Dates	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
The Lightning Thief Theatre for Youth Ed.	June 1 – June 26 Choice # <input type="checkbox"/>	<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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Session 2	Dates	Early Care (Select Specific Days or all)	After Care (Select Specific Days or all)	Tuition
Peter and the Starcatcher	June 29 – June 31 Choice # <input type="checkbox"/>	<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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<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>	Sub-Total	
	Total Requested	

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 Teen Intensive Arts Application Statement

Please write a brief description of why your teen, 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: _____