

Scholarships Available to Dunedin Residents ONLY

GEORGE J. KOUTSOURAIS DUNEDIN FOR YOUTH SCHOLARSHIP PROGRAM-SUMMER CAMP

We are happy to consider your scholarship application. **Applications must be filled out completely with all supporting documentation attached.** Information will be kept confidential and will be used only for eligibility determination. Scholarships will be awarded based on available funds.

	<u>Most recent two months of pay stubs or current school enrollment documentation</u>
	<u>Most recent year's tax returns</u> listing the child as a dependent, social security number should be blocked out (if not required to file taxes, IRS Tax Return Transcript showing non-filer status must be attached)
	<u>Child support documentation</u>
	<u>Proof of residency</u> (i.e. Driver's License)
	<u>Government assistance</u> received (i.e. SSI, SNAP, EBT, Medicaid)

Scholarship Guidelines: Please Initial Each Item

- If choosing to register after scholarship determination is made, I understand the Parks & Recreation Department cannot reserve a spot for my child in any camp. It is highly recommended to register as soon scholarship is awarded to ensure spot in desired camps.
- I understand that my child may not miss more than one day of camp per week. A physician's note or legal documentation is required for any absences that exceed the one day per week.
- I understand that my child must be in camp each day from 9am-5pm.

Name of Child	Age	Birth Date	Grade Completed

Camp Selection: Please place an "X" in the boxes below for all weeks and camps desired (use child's initials for families with multiple children)

Week #	1	2	3	4	5	6	7	8	9	10
Dates	June 1-5	June 8-12	June 15-19	June 22-26	June 29- July 2	July 6-10	July 13-17	July 20-24	July 27-31	August 3-7
Pre-K Camp										
Kids Camp										
Teen Camp										
Hammock Camp										
Nature Camp										

Please indicate if Extra-Rec is needed (care from 7:30-9am & 5-6pm): Yes _____ No _____

Parent/Guardian _____ Relationship _____

Address _____ Home Phone # _____

Email Address _____ Parent Birth Date _____

Place(s) of Employment _____ Work Phone # _____

Parent/Guardian _____ Relationship _____

Address _____ Home Phone # _____

Email Address _____ Parent Birth Date _____

Place(s) of Employment _____ Work Phone # _____

Please provide any additional information relating to your request for financial assistance:

I certify that all of the above information is true and correct to the best of my knowledge. I understand that the City of Dunedin reserves the right to verify application information. If information is knowingly omitted/incorrect, scholarship will be revoked. I agree to inform the City of Dunedin of any change in income or family size.

Signature of Parent/Guardian _____ Date of Application _____

Submit Application to:
Dunedin Community Center
1920 Pinehurst Road
Dunedin, FL 34698
(727) 812-4530

Families will be notified via email and/or US Mail after their scholarship application has been reviewed. **The approval process may take up to ten business days.**

If application and supporting documentation is submitted incomplete, the application will not be reviewed.

----- OFFICE USE ONLY -----

Date Received by Staff _____

Reviewed by _____ Date _____

Recommendation of Recreation Division:

Approval _____ Disapproval _____ Amount _____

Comments: _____

Approval Signature _____