



SUMMER CAMP SCHOLARSHIP APPLICATION



Please fill out this form completely and submit:

AMST Education Department
1902 N. Shoreline Blvd.
Corpus Christi, TX 78401
Email: AMSTed@tamucc.edu
Fax: 361.825.3520

Date of Application: _____
We will be accepting applications until all slots are filled

Summer Camp Scholarship Guidelines:

- Scholarship recipients must live within the seven counties that make up the Coastal Bend region, which is served by the Coastal Bend Community Foundation. They include: Aransas, Bee, Jim Wells, Kleberg, Nueces, Refugio and San Patricio Counties
- Funding is limited and scholarships are not guaranteed to all applicants
- Scholarships will be awarded based on need
- *Scholarships are NOT available for the Clay Camp Session*

Summer Camp Scholarship Recipient Requirements:

- Submit completed application
- Complete and submit follow-up report which will be given at a later date.

Please print your information below:

Name of Child: _____ Nickname: _____ Birthdate: ____/____/____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Email: _____
 School: _____ Grade (2018-19): _____

1st Camp Choice _____
 2nd Camp Choice _____
 3rd Camp Choice _____

Circle
 T Shirt Size: YS YM YL AS AM AL AXL

Will your child need pre-care daily? (7:30-9am) __YES__NO
 Will your child need after-care daily? (3:30pm-5:30pm) __YES__NO _

Are you applying for a scholarship for a sibling? _____ If so, what is their name? _____

REQUIRED FAMILY INFORMATION:

Father's Name: _____

Address (if different): _____

Place of Employment: _____

Mother's Name: _____

Address (if different): _____

Place of Employment: _____

Name of Legal Guardian (if not living with a parent): _____

FINANCIAL INFORMATION:

Eligibility for need-based scholarships is based on the following criteria and conditions, including household size* and income standards. If an applicant doesn't fall within these criteria but can prove other special circumstances, the scholarship committee will review and may still grant a scholarship to camp.

Total Household Income	Yearly Income	Monthly Income
2	\$33,001	\$2,750
3	\$51,530	\$3,461
4	\$50,058	\$4,172
5	\$58,586	\$4,882
6	\$67,115	\$5,593
7	\$75,668	\$6,306
8	\$84,246	\$7,020

*Household includes all people (adults and children) living in the house, related or not.

How many *children* currently live in your household: _____ How many *adults*: _____

Please indicate your total annual household income:

- ___ Below \$10,000 ___ \$10,001-\$15,000 ___ \$15,001-\$20,000 ___ \$20,001-\$25,000
- ___ \$25,001-\$30,000 ___ \$30,001-\$35,000 ___ \$35,001-\$40,000 ___ \$40,001-\$45,000
- ___ \$45,001-\$50,000 ___ \$50,001-\$55,000 ___ \$55,001-\$60,000 ___ \$60,001-\$65,000
- ___ \$65,001-\$70,000 ___ \$70,001-\$75,000

PROGRAM ASSISTANCE INFORMATION:

Do you or your child participate in any of the following programs?

- ___ Free or Reduced School Lunch Program
- ___ CHIP (Children's Health Insurance Program)
- ___ SNAP (Supplemental Nutrition Assistance Program / Lone Star card)

If so, please provide supporting documentation attached to this scholarship application.

Are there any extenuating circumstances, permanent or temporary, that make financial assistance necessary at this time? _____

Has your child attended the *Fine Art of Summer Camp* (Art Museum of South Texas) or the *Very Important Kid/ the VIK Camp* (Garcia Arts & Education Center) before? If so, what year: _____

Please check:

___ Yes, my child WILL need a snack and meal daily ___ No, my child does NOT need a snack and meal daily

Please call 361.825.3504 or email AMSTed@tamucc.edu for more information.