



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

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: _____ Birthdate: ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Current Grade: _____

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	\$29,637	\$2,470
3	\$37,296	\$3,108
4	\$44,955	\$3,747
5	\$52,614	\$4,385
6	\$60,273	\$5,023
7	\$67,951	\$5,663
8	\$75,647	\$6,304

*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)

Can you provide documentation of your participation in any of these programs if asked? ___ Yes ___ No

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: _____

Meals/snacks will be available for students receiving scholarships. Please check below if you will need assistance):

___ Yes, my child will need a snack and meal each day

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