



CARROLLWOOD
CULTURAL CENTER

2018 TOM JONES Tuition Assistance **Summer Youth Arts Camp**

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 and Interview
Availability of Funds

Application Deadlines:

Deadlines are listed below and applications will be reviewed in two rounds, based on dates of attendance.

- May 1, 2018 - camp attendance between June 4 – July 13 / Notification by May 15
- June 15, 2018 – camp attendance between July 16 – Aug 10 / Notification by June 29

Guidelines:

Summer Camp tuition assistance is provided for up to 2 – one week camp sessions annually, per child or family.

Tuition assistance is non-transferrable to another individual.

If awarded tuition assistance, funds will be applied directly to the program.

Directions:

- _____ Complete Application Form
- _____ Attach a copy of the first page of your completed 2017 Federal Income tax form. The Center utilizes this document to determine financial need. All documents received are private and confidential.
- _____ 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 Beth LaBaren-Root, Education Director at (813) 922-8177 or at the following email address beth@carrollwoodcenter.org.

Submit application to:

Beth LaBaren-Root, Education Director
Carrollwood Cultural Center
4537 Lowell Road
Tampa, FL 33618

2018 Tom Jones Tuition Assistance Application Summer Youth Arts Camp

Camper Name:				
First	Middle	Last		
Date of birth:				
Parents / Legal Guardian Names:				
Address: Street Apt. City State Zip				
Telephone Number:			E-mail Address	
Please list dates of camp weeks for which you are seeking financial assistance:				
Cost of Camps being requested:				
Percentage of assistance requested? ___25% ___50% ___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:	

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.

