Community Assistance Community Services Block Grant (CSBG) Day Camp Scholarship Pre-Application

(Please print legibly in dark ink)

Head of Household		Social Security Number	Date of Birth	Race	Age
Address	Apt. #	City Zip Code	Phone Number		Email Address
Co-Head of Household		Social Security Number	Date of Birth	Race	Age

Additional Members in Household ***(If necessary, use additional paper for more household member names)***

Name(s)	Social Security #	Date of Birth	Age	Relationship
1				
2				
3				
4				

GROSS MONTHLY HOUSEHOLD INCOME

Gross Income from Employment: $	**Income from Unemployment Benefits: $**
Income from Social Security Benefits: $	**Income from Cash Assistance: $**
Income from Child Support: $	**Other Household Income: $**

DAY CAMP SCHOLARSHIP

Below is a list of the available day camps for the CSBG Day Camp Scholarship program. Place the eligible camper(s) name in the space provided by the camp that you wish to attend. Please indicate the number of weeks your child will be attending during the summer. Only one scholarship will be available per camper.

Camp & Location	Dates	Camp Hours	Camp Length	Eligible Ages	Campers Name	Number of Weeks your child would attend
City of Altamonte Springs Westmonte Recreation Center	June 3 – August 2	7:00AM – 6:00PM	9 weeks	6 to 12		
City of Altamonte Springs Teague Middle School	June 3 – August 2	8:00AM – 5:00PM	9 weeks	13 to 15		
City of Casselberry Casselberry Elementary	June 3– July 26	7:00AM – 6:00PM	8 weeks	5 to 11		
City of Longwood Longwood Elementary	June 3 – August 2	7:30AM – 6:00PM	9 weeks	Entering 1st Grade-8th Grade		
City of Oviedo Riverside Park	June 3 – August 9	7:30AM – 6:00PM	10 weeks	Entering 1st Grade-8th Grade		

City of Winter Springs Winter Springs Civic Center	June 3 – August 2	7:30AM – 5:30PM	9 weeks	6 to 12		
Seminole County Leisure Services Ed Yarborough Nature Center	June 3 – August 2 (No camp July 1- July 5)	7:30AM – 5:30PM	8 weeks	7 to 12		
City of Sanford Riverwalk Academy	June 10 – August 2	7:30AM – 5:30PM	8 weeks	7 to 13		
Sheriff's PAL Program Juvenile Enforcement Center	June 3 – August 2	7:00AM – 6:00 PM	9 weeks	Entering K (completed VPK) to 8th grade		
Seminole County School Board Stenstrom Elementary Red Bug Elementary Crystal Lake Elementary Spring Lake Elementary	June 3- August 2	7:00 AM- 6:00 PM	9 weeks	K- 5th Grade		

All programs are open to all without regard to race, color, national origin, sex, handicap, familial status, or religion. Assistance is provided according to the availability of funding; some restrictions apply. We collect personal information directly from you for reasons that are discussed in our privacy statement. We may be required to collect some personal information by law or by organizations that give us money to operate this program. Other personal information that we collect is important to run our programs, to improve services for homeless individuals, and to better understand the need of homeless individuals. We only collect information that we consider to be appropriate.

I certify that all information I have provided above is true and correct. I/we understand that Florida Statute 817 provides that willful false statements or misrepresentation concerning income; asset or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statutes 775.082 or 775.83. I/we further understand that any willful misstatement of information will be grounds for disqualification. I/we certify that the application information provided is true and complete to the best of my/our knowledge. I/we consent to the disclosure of information for the purpose of income verification related to making a determination of my/our eligibility for program assistance. I/we agree to provide any documentation needed to assist in determining eligibility and are aware that all information and documents provided are a matter of public record. I/we further understand that if any misrepresentation or fraudulent statement is discovered after assistance has been provided the County will demand and pursue through all legal remedies available, repayment of the funds provided for the assistance that was provided.

Head of Household Signature: _____ **Date:** _____

Co-Head of Household Signature: _____ **Date:** _____

Other Adult Signature: _____ **Date:** _____

Other Adult Signature: _____ **Date:** _____

COMMUNITY ASSISTANCE USE ONLY

CUSTOMER SERVICE REPRESENTATIVE: _____

CASE MANAGER:

_____

TIME/DATE STAMPED: