



Dear Parent/ Guardian,

Seminole Theatre Summer Camp Conservatory is committed to serving prospective campers, regardless of their personal financial status or ability to pay. Awardable funds are available due to generous donor support of the Friends of the Historic Seminole Theatre and with the support of the Miami-Dade County Department of Cultural Affairs, the Cultural Affairs Council, the Mayor, and the Miami-Dade County Board of County Commissioners.

These scholarships are offered without regard to race, color, religion, sex or national origin.

Please fill out enclosed application completely and return it directly to the Seminole theatre Box Office or email to [katheriner@seminoletheatre.org](mailto:katheriner@seminoletheatre.org). All requests should include the following information: Incomplete applications cannot be considered.

1. The application enclosed in this letter fully completed.
2. Two of the following forms of income verification:
  - o 2 of the most recent, consecutive payroll stubs (or)
  - o Most recent W2 (or)
  - o Most recent tax return

The Seminole Theatre will review all applications and will notify as soon as possible.

It is our privilege to assist in making one or two sessions to camp possible. Our board and staff work diligently to raise the funds needed to make this assistance available and we hope that it is a blessing to you and your family.

Return your request for financial assistance form by e-mail or drop off at:

SEMINOLE THEATRE  
18 North Krome Ave  
Homestead, FL 33030  
[katheriner@seminoletheatre.org](mailto:katheriner@seminoletheatre.org)

**IMPORTANT NOTE:** Scholarship recipients will need to complete a camper registration form to register for camp. Scholarship funds awarded cannot be applied until a camper registration has been submitted and the required deposit has been made. Camper registration can be found at [www.seminoletheatre.org](http://www.seminoletheatre.org)

Deadline: May 7, 2018

If you have any further questions, please contact the box office at 786-650-2073

# SEMINOLE THEATRE SUMMER CAMP CONSERVATORY REQUEST FOR FINANCIAL ASSISTANCE

Return directly to Seminole Theatre. Incomplete applications cannot be considered.

## PERSON/ PARENT/ GUARDIAN FINANCIALLY RESPONSIBLE FOR ENROLLING CAMPER(S)

Full Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

## OTHER PARENT/ GUARDIAN IN HOUSEHOLD IF APPLICABLE

Full Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Single parent household?  Yes  No (If "No" Other Parent must be completed above)

## HOUSEHOLD INFORMATION

How many Adults live in this household? \_\_\_\_\_

How many Children live in this household? \_\_\_\_\_

For how many campers are you applying for assistance? \_\_\_\_\_ (List names and ages)

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_

Total monthly household wages (before taxes): \$ \_\_\_\_\_/Month

Total additional other monthly income (Child support, public assistance, unemployment, etc.): \$ \_\_\_\_\_/Month

Have you received financial assistance from any other camp before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

**IMPORTANT:** Be sure to attached one of the following: 2 of your most recent consecutive payroll stubs (or) most recent W2 (or) most recent tax return.

## ACKNOWLEDGEMENTS

By completing and signing this application, I certify that the information supplied herein is true, accurate and complete to the best of my knowledge. I am also aware that it is my responsibility to notify SEMINOLE THEATRE CAMP in writing of any change in the information contained in this request (such as income, address or other matters which might affect my eligibility for financial assistance). I understand that this application is only applicable for the current year. If a scholarship award is accepted by me, I acknowledge financial responsibility for fees not covered by the scholarship award.

Signature Person Financially Responsible: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Date received: \_\_\_\_\_

Application complete: \_\_\_\_\_ Application incomplete and returned: \_\_\_\_\_ Date: \_\_\_\_\_

Percentage Awarded: \_\_\_\_\_ Dollar amount awarded: \_\_\_\_\_

Date notice of acceptance and registration packet sent: \_\_\_\_\_