



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. 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

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

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: _____