



City of Tarpon Springs Summer Camp Financial Aid Application – 2025

Financial Aid Application Guidelines:

- Applications will be accepted beginning Tuesday, April 1st, at 8am.
- Applications must be turned in at the Community Center at 400 S. Walton Ave.
- Applications must be filled out completely and have all supporting documents.
- Eligible applicants will receive a 75% reduction in camp fees.
- Financial Aid is available for City of Tarpon Springs residents only.
- Financial Aid will be awarded in the order it is received, and financial aid is limited.
- Please submit a copy of last year's tax return (social security numbers should be blacked out prior to submitting).
- Please submit a copy of free lunch documentation (if recipient).

Financial Aid Attendance Requirements – Please initial next to each item

- ___ I understand that my child may not miss more than one day per week.
- ___ I understand that a physician's note or legal documentation is required for all absences that exceed the one day per week.
- ___ I understand that I will be responsible for full price of the camp week for any weeks that my child does not meet the attendance requirements.
- ___ I understand that if the financial aid requirements are not met, my child may not be eligible in the future for financial aid.

Child's First Name: _____ Child's Last Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Entering Grade: _____

Parent/Guardian _____ Contact Number: _____

Parent/Guardian _____ Contact Number: _____

Relationship _____ Annual household income: _____ Number of Dependents _____

Do you receive assistance from any other agency? ___ If yes, please attach letter of award.

How much per week can you pay for the program for your child? _____

Select all weeks you would like to register your child for camp. Additional weeks will only be able to be added later if space and funding is available.

Week 1: June 9 - 13

Week 2: June 16 - 20

Week 3: June 23 - 27

Week 4: June 30 - July 3

Week 5: July 7 - 11

Week 6: July 14 - 18

Week 7: July 21 - 25

Week 8: July 28 - August 1

Week 9: August 4 - 8

FOR OFFICE USE ONLY		
DATE RECEIVED:		
DOCUMENTATION PROVIDED:	YES	NO
STAFF MEMBER NAME:		
FINANCIAL AID APPROVED:	YES	NO

*Special circumstances may be considered at the discretion of the Recreation Superintendent

I certify that all the above information is true and correct. I also understand that the City reserves the right to confirm and verify the above information.

Signature of Parent/Guardian _____ Date: _____