Coastal Camp Citrus
High School Application

(FOR STUDENTS WHO WILL COMPLETE 8TH, 9TH, 10TH, or 11TH GRADE AT THE END OF THE 2016-2017 SCHOOL YEAR)

Camp Dates: JUNE 19 - 23, 2017

APPLICATION DEADLINE: MAY 5, 2017

THERE ARE 4 PARTS TO THIS APPLICATION—PLEASE READ CAREFULLY

PART 1

To be completed by Parent (Please print neatly):

Student Information:

Last Name:_____First Name:_____

Mailing Address:

Street:_____

City:_____ Zip Code:_____

Student Gender (CIRCLE ONE): Male Female

School:_____ Present Grade Level:_____

Current Overall GPA: _____

ADULT T-Shirt Size (CIRCLE ONLY ONE): S M L XL XXL

Parent or Legal Guardian Information:

Last Name:_____First Name:_____

Home Phone:_____

Work Phone_____

Cell Phone:_____

e-mail:_____

STUDENT IS RESPONSIBLE FOR SENDING COMPLETED & STAPLED APPLICATION TO:

MARINE SCIENCE STATION
ATTN: CATHY PROVEAUX
12646 W. FORT ISLAND TRAIL
CRYSTAL RIVER, FL 34429

ALL APPLICATION MATERIALS *MUST* BE MAILED. ANY FAXED OR EMAILED APPLICATIONS WILL *NOT* BE ACCEPTED.

My child has permission to attend Coastal Camp Citrus 2017. I understand that there is a $300 per student charge* for camp and that I am responsible for providing transportation to and from the Marine Science Station at the beginning and end of camp.

Parent/Guardian Signature:_____ Date:_____

DO NOT SEND ANY FEES WITH THIS APPLICATION! IF YOUR CHILD IS SELECTED TO ATTEND CAMP THEN YOU WILL RECEIVE AN OFFICIAL NOTIFICATION LETTER WITH DETAILED INSTRUCTIONS.

NOTIFICATION OF ACCEPTANCE LETTERS WILL BE MAILED NO LATER THAN MAY 12, 2017.

DO NOT FORGET TO FILL OUT PART 2 AND/OR THE NEED-BASED SCHOLARSHIP APPLICATION!

STUDENTS!!!: DO NOT FORGET PART 3—THE TEACHER RECOMMENDATION FORM!

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PART 2

Student: **Neatly write a paragraph explaining why you want to attend Coastal Camp Citrus 2017. Be sure to include various ways you will benefit from the program and how you will apply what you learn at camp in your everyday life. Just as importantly, tell us how you will benefit those around you, both your fellow campers and the camp teachers, during your time at Coastal Camp Citrus 2017. Use additional paper, if necessary.**

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I understand that I will be expected to fully participate in the academic work connected with the field experiences of Coastal Camp Citrus and will be responsible for taking an active role in my learning. I also understand that all school rules and policies will be enforced at Coastal Camp Citrus. I fully understand that I am to behave appropriately at all times. I also understand that the Marine Science Station staff reserves the right to send any student home, at their parent's expense, for any major rule infraction.

Student Signature:_____**Date:**_____

Parent/Guardian Signature: _____**Date:**_____

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PART 3

Student:

- **Please fill out the student portion of this form.**
- **Then give this form & *a stamped envelope* to a science teacher that you currently have or have had before.**
- **The teacher will mail this COMPLETED AND SIGNED form to the following address:**

Marine Science Station
12646 West Fort Island Trail
Crystal River, FL 34429

To be completed by the STUDENT (Please print neatly):

Student Name:_____Science Teacher Name:_____

School Name:_____

To be completed by the TEACHER (Please print neatly):

Teacher:

This student has applied to attend Coastal Camp Citrus 2017 at the Marine Science Station. Please provide us an honest evaluation and recommendation for this student. Our goal is to ensure a safe and effective learning environment during this event, and your time and effort helps us tremendously. Your responses are held in strict confidence and will not be shared with the student. Please be sure to use a stamped envelope with the address above to send this form to us. PLEASE DO NOT SCAN & EMAIL THIS FORM. Thank you!

	Lowest Ranking				Highest Ranking
Science Grades	1	2	3	4	5
Classroom Conduct/Appropriate Behavior	1	2	3	4	5
Willingness to participate	1	2	3	4	5
Ability to work with others	1	2	3	4	5
Ability to follow directions	1	2	3	4	5
OVERALL RECOMMENDATION	1	2	3	4	5

Comments about this student:

Teacher Signature_____Date:_____

Teacher email:_____Work phone:_____

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PART 4 NEED-BASED PARTIAL SCHOLARSHIP* APPLICATION

THIS SCHOLARSHIP IS *ONLY* AVAILABLE TO STUDENTS WHO MEET THE FOLLOWING QUALIFICATIONS:

- **Permanent resident of Citrus County OR Hernando County OR Marion County, FL AND**
- **Enrolled in free or reduced lunch program through the school district, OR**
- **Parent/Legal Guardian currently receives housing assistance through HUD, OR**
- **Parent/Legal Guardian currently receives food stamp assistance, OR**
- **Parent/Legal Guardian/Student receive health coverage through Medicaid**

IF THE ABOVE QUALIFICATIONS ARE MET, THEN PLEASE COMPLETE THIS FORM AND SUBMIT IT WITH THE REST OF THE APPLICATION PACKET. IF THE ABOVE QUALIFICATIONS ARE NOT MET, THEN DO NOT SEND THIS FORM, ONLY SUBMIT PARTS 1, 2, & 3.

Student Name:_____Parent/Legal Guardian Name:_____

Home Address:_____City, State, ZIP_____

Home Phone:_____Cell Phone:_____

Student's Birth Date_____Student's Age as of May 1, 2017:_____

Student's Gender: Female Male Student's Current Grade Level:_____

Attach to this form any ONE of the following forms of documentation that can demonstrate financial need:

- **Letter from School District verifying student participation in free or reduced lunch program.**
- **Proof of housing assistance through HUD.**
- **Proof of food stamp assistance.**
- **Proof of health care coverage through Medicaid.**

PLEASE READ CAREFULLY AND SIGN BELOW:

I certify that all information submitted in this application process—including the application, any supplements, and any other supporting materials—is factual, true and honestly presented, and that these documents will become the property of the Marine Science Station/Citrus County School District and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including program admission revocation, expulsion or revocation of scholarship, should the information I have certified be false.

Parent/Legal Guardian Signature:_____Date:_____

****The amount of each partial scholarship will be determined no later than May 12, 2017 and will be based upon the amount of funds raised through donations from local businesses, foundations, and individuals. If your child is selected to attend via lottery, then you will receive a notification letter with detailed instructions and the adjusted cost for your child to attend.***