



Coastal Camp Citrus
High School DAY CAMP Application
**(FOR STUDENTS WHO WILL COMPLETE 8TH,
9TH, 10TH, or 11TH GRADE AT THE END OF THE
2023-2024 SCHOOL YEAR)**



Day Camp Dates: JUNE 17 - 20, 2024

APPLICATION DEADLINE: APRIL 12, 2024

THERE ARE 4 PARTS TO THIS APPLICATION—PLEASE READ CAREFULLY

PART 1

To be completed by Parent/Guardian (PRINT CLEARLY)

Student Information:

Last Name:_____First Name:_____

Mailing Address:

Street:_____

City:_____State:_____ Zip Code:_____

Student (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:_____

Cell Phone:_____

Work Phone_____

e-mail:_____

**APPLICANT IS RESPONSIBLE FOR SENDING
COMPLETED APPLICATION TO:**

MARINE SCIENCE STATION

ATTN: TONYA BRIGGS

12646 W. FORT ISLAND TRAIL

CRYSTAL RIVER, FL 34429

**ALL APPLICATION MATERIALS CAN BE
MAILED TO THE ADDRESS ABOVE OR**

E-MAILED TO:

briggst@citruschools.org



My child has permission to attend Coastal Camp Citrus 2024. I understand that there is a \$225 per student charge* for camp and that I am responsible for providing transportation to and from the Marine Science Station each day of camp.

Parent/Guardian Signature:_____ Date:_____

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

NOTIFICATION OF ACCEPTANCE LETTERS WILL BE MAILED NO LATER THAN APRIL 18, 2024.

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!

[illegible]

Student Signature: _____ **Date:** _____

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



Coastal Camp Citrus

High School **DAY CAMP** Application

Camp Dates: JUNE 17-20, 2024



PART 3

Student:

- Please fill out the student portion of this form.
- Then give this form to a science, ELA, or math teacher that you currently have or have had before.
- The teacher can MAIL or SCAN & E-MAIL this COMPLETED AND SIGNED form to the following:

Marine Science Station

Attn: Tonya Briggs

12646 West Fort Island Trail

Crystal River, FL 34429

Email: briggst@citruschools.org

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

Student Name: _____ Teacher Name: _____

School Name: _____

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

Teacher:

This student has applied to attend Coastal Camp Citrus 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. **You can either MAIL or SCAN & E-MAIL this form using the information above. WE MUST RECEIVE THIS NO LATER THAN APRIL 12, 2024.** Thank you!

	Lowest Ranking			Highest Ranking	
Classroom 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: _____



Coastal Camp Citrus

High School **DAY CAMP** Application

Camp Dates: JUNE 17-20, 2024



PART 4 **NEED-BASED PARTIAL SCHOLARSHIP* APPLICATION**

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

- Permanent resident of Citrus 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 VIA MAIL OR EMAIL 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, 2024: _____

Student (Circle One): 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 April 18, 2024 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.**