



Coastal Camp Citrus
Middle School DAY CAMP Application
(FOR STUDENTS THAT WILL COMPLETE 6TH OR 7TH
GRADE AT THE END OF THE 2023-2024 SCHOOL YEAR)
APPLICATION DEADLINE: APRIL 12, 2024



THERE ARE 4 PARTS TO THIS APPLICATION—PLEASE READ CAREFULLY
PLEASE CIRCLE YOUR PREFERRED CAMP WEEK: JUNE 3-6, 2024 JUNE 10-13, 2024

PART 1

To be completed by Parent (PRINT CLEARLY):

Student Information:

Last Name: _____ First Name: _____

Mailing Address:

Street: _____

City: _____ Zip Code: _____

Student (CIRCLE ONE): Male Female

School: _____ Present Grade Level: _____

Average Grades: _____

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

Parent or Legal Guardian Information:

Last Name: _____

First Name: _____

Work Phone: _____

Cell 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**

**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 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!

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



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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 either MAIL OR SCAN & EMAIL COMPLETED AND SIGNED form to the following:

Marine Science Station
12646 West Fort Island Trail
Crystal River, FL 34429
E-Mail: briggst@citruschools.org

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 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	
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, FL AND
- 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, 2024: _____

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 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, then you will receive a notification letter with detailed instructions and the adjusted cost for your child to attend.**