



# Coastal Camp Citrus Middle School Application

(FOR STUDENTS THAT WILL COMPLETE 6TH OR 7TH  
GRADE AT THE END OF THE 2019-2020 SCHOOL YEAR)

**APPLICATION DEADLINE: MAY 1, 2020**



**THERE ARE 4 PARTS TO THIS APPLICATION—PLEASE READ CAREFULLY**  
**PLEASE CIRCLE YOUR PREFERRED CAMP WEEK: JUNE 1-5, 2020 JUNE 8-12, 2020**

## **PART 1**

**PRINT NEATLY OR TYPE!**

Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student Gender (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: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

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

**MARINE SCIENCE STATION  
ATTN: SUZANNE CUMMINS  
12646 W. FORT ISLAND TRAIL  
CRYSTAL RIVER, FL 34429**

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

**E-MAILED TO:**

**cumminss@citruschools.org  
OR FAXED TO (352) 249-2140**



My child has permission to attend Coastal Camp Citrus 2020. 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 8, 2020.**

**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 3

### Student:

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

Marine Science Station  
12646 West Fort Island Trail  
Crystal River, FL 34429  
E-Mail: cumminss@citruschools.org  
FAX: (352) 249-2140

### 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, SCAN & E-MAIL, OR FAX this form using the information above. **WE MUST RECEIVE THIS NO LATER THAN MAY 1, 2020.** 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, Florida, 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, 2020: \_\_\_\_\_

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 8, 2020 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 the camp lottery, then you will receive a notification letter with detailed instructions and the adjusted cost for your child to attend.**