



**Coastal Camp Citrus  
High School Application**  
(FOR STUDENTS WHO WILL COMPLETE 8TH,  
9TH, 10TH, or 11TH GRADE AT THE END OF THE  
2018-2019 SCHOOL YEAR)



**Camp Dates: JUNE 17 - 21, 2019**

**APPLICATION DEADLINE: MAY 3, 2019**

**THERE ARE 4 PARTS TO THIS APPLICATION—PLEASE READ CAREFULLY**

**PART 1**

To be completed by Parent (**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: \_\_\_\_\_

**APPLICANT IS RESPONSIBLE FOR MAILING 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 2019. 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 10, 2019.**

**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 & 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 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
<b>OVERALL RECOMMENDATION</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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, 2019: \_\_\_\_\_

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 10, 2019 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.**