

SCHOLARSHIP APPLICATION

Part 1 – FAMILY PERSONAL INFORMATION

Parent/Guardian		Phone:
Parent/Guardian		Phone:
Street Address:		
City:	State:	Zip
Email:		

Please list all living in household:

Name	Relationship	DOB

Part 2 – EMPLOYMENT INFORMATION

Are you currently employed? Yes _____ No _____

Employer:	Spouse's Employer:
Occupation:	Spouse's Occupation:

Part 3 – INCOME INFORMATION – Please provide a copy of your 2017 W-2 or IRS 1040

Monthly Gross \$ _____ Spouse's Monthly Gross \$ _____

Please list additional income (i.e. Child Support, SSI, Alimony, WIC, Food Stamps, Other)

- \$ _____
- \$ _____
- \$ _____

Part 4 – CAMPER INFORMATION (One per child)

First Name: _____ **Last Name:** _____

Camper Age	
Camper Gender	
Camper Grade in Fall 2018	
Camper DOB	
Camper School in Fall 2018	

Has this child attended previous HCC Kids College Camps?

Yes	No
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Reason for applying for a Summer Camp Scholarship

- Loss of Income**
- Loss of Employment**
- One Income Family**
- Combined Income does not exceed 50K per year**
- Debt exceeds Income**
- Other**

Checklist:

- Use this checklist to make sure all information you submit is complete.
- Complete and sign this Scholarship application (one per family)
- Attached a copy of your current W-2 of IRS Form 1040
- Complete an enrollment form (one per camper)

Mail to: Attn: HCC Kids College
39 Columbia Drive; Tampa, FL 33606
or
Fax: 813.253.7156; email kidscollege@hccfl.edu

For Office Use Only

Date application was received: _____

Amount granted: _____ Date approved: _____

Authorized Signature: _____