



## SUMMER 100

### SCHOLARSHIP APPLICATION

**Deadline: May 12, 2017**

Savannah-Chatham County Public School System (SCCPSS) students may qualify for a limited number of camp scholarships through the City of Savannah to participate at a SCCPSS Career, Technical and Agricultural Education (CTAE) Summer Camp. Priority will be given to children who live in the City of Savannah.

**To process your application, please attach the following:**

- Proof that student is eligible for free or reduced lunch
- Referral from an art teacher, counselor, principal, etc.

*All information provided on this form is confidential and is used solely to determine eligibility.*

Student Name: \_\_\_\_\_ M/F (circle one) Ethnicity (optional) \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Camp Preference: \_\_\_\_\_  
1<sup>st</sup> Choice                      2<sup>nd</sup> Choice                      3<sup>rd</sup> Choice

Are there any other financial circumstances to be considered? If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that all of the above information contained in this application is correct. I understand that this information is given to receive assistance to allow my child to participate in a SCCPSS CTAE Summer Camp. I understand that the information provided will be verified and that any information found to be false, will disqualify this application.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

Please complete and return this application to:

SCCPSS Police Department  
Attn: Brittney Johnson  
101 Priscilla Thomas Way  
Savannah, GA 31408