

# Summer Camp Scholarship Program 2025

The City of Gainesville – Department of Parks, Recreation & Cultural Affairs (PRCA) offers the Adventures in Play (grades 1 – 5) and Teen Life (grades 6 – 8) Summer Day Camps, offering a wide range of educational and enrichment opportunities. PRCA Summer Camp Scholarships are for individuals and families who meet financial eligibility guidelines. Individuals and families who qualify for free lunch, receive government benefits (SNAP, TANF), or qualify by income based on Florida Department of Health guidelines are eligible. Scholarships cover the full cost of summer camp city resident fees. Any eligible families not selected for a scholarship as outlined below, will be offered a 50% reduced rate.

Scholarships applications, availability and the deadlines are announced prior to summer camp registration opening. Scholarships applications will be available, starting Monday, February 3<sup>rd</sup>, 2025. The deadline to apply is Wednesday, February 26<sup>th</sup>, 2025 at 5:00pm.

A complete Scholarship Application Form and supporting documents must be submitted in order to determine eligibility for any scholarship. A separate scholarship application must be filled out for each child. Applicants may only apply for one program site.

The total amount of scholarships awarded will be distributed as evenly as possible to the program sites. If there are more scholarships applications than funding available, a random selection process will be used to ensure fairness. If the number of applications is less than the amount funding available, then all eligible applications will be awarded a scholarship.

Scholarships cover city resident fees only (\$61.00 weekly). Any non-resident differential fees are not covered, and must be paid by recipients. The non-resident differential fee is currently \$15.00 weekly.

**Random Selection Process:** Every scholarship application will be numbered in the order they are received. The number on the application is attached to the applicant's name through the entire process; no duplicate numbers are assigned to applications. A "Random Selection Master List" will be created from all eligible applicants by site. Through a random number selection process, the order will be established for awarding scholarships. Awarded scholarships via the random selection process are by "luck of the draw" individually and may or may not select applicants in the same household. The waitlist order is established with the same random number selection process. If selected, applicants will be notified of their scholarship award. Within five days of notification, families must confirm their intent to use the scholarship or the award will be given to the next applicant on the waiting list. Once confirmed, recipients will be enrolled by staff at the program site listed on the application. If the scholarship recipient is a non-resident, the differential fees must still be paid.

**Requirements of Scholarship Recipients:** When scholarships are awarded, recipients must attend summer camp on a full-time basis. For summer camp, full time means that you must attend at least three days per week. The City reserves the right to revoke a scholarship due to attending less than full time, with notification made to the recipient. If a scholarship is revoked, the recipient may remain a registered participant at the 50% reduced rate and paying the remaining fees within business two days of the decision. The remaining value for that scholarship will be offered to the next applicant on the waiting list. If no one accepts the scholarship, then the amount will remain with the scholarship fund. Scholarship fees are not transferable and have no cash value to the recipient.

**Reduced Rate Discount:** The City of Gainesville offers a 50% reduced rate discount to families who qualify based on income, but are not selected for a scholarship. The reduced rate covers 50% of city resident fees (\$30.50 weekly). Eligible individuals not selected for a scholarship will be offered a reduced rate discount. These individuals will be notified of their eligibility and must register their child for the program and pay the remaining program fees if they wish to register for summer camp.

This Scholarship Application and Supporting Documents must be returned in-person to:

Department of Parks, Recreation, & Cultural Affairs  
Thomas Center  
306 NE 6<sup>th</sup> Avenue, Building B, 3<sup>rd</sup> Floor Reception Desk  
Gainesville, FL 32601  
Monday – Friday, 8:00am – 5:00pm  
(352) 334-5067

# Summer Camp 2025 Scholarship Program

## Application Checklist

- 1 Completed Scholarship Application Form
- 2 Completed Program Registration Form
- 3 Completed Participant Information Form
- 4 Proof of Kindergarten Completion (if applicable)
- 5 Proof of Residency (GRU Bill or Voter ID Card)
- 6 Verification of Financial Need and Guardianship (provide one of the following):
  - Proof of FREE Meal Qualification (SBAC "Direct Certification Notice Letter")
  - Current DCF "Notice of Case Action" Letter for SNAP or TANF
  - The City of Gainesville "Family Application for Reduced Fees" (must include supporting documentation as outlined on this form)



Date Received: \_\_\_\_\_

Received By (Initials): \_\_\_\_\_

## Scholarship Application Form

Application for scholarship is not a registration. Registration is first come, first serve and scholarship applicants are not guaranteed an enrollment spot. This form and copies of all supporting documents are due by February 26, 2025 at 5:00 p.m. for the 2025 Summer Day Camp program.

Participant Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Grade Level (2024-25): \_\_\_\_\_

Program Site (select one):  Albert "Ray" Massey (Grades 1-5)  Eastside (Grades 1-5)

T.B. McPherson (Grades 6-8)

Activity Week(s) Request (select all that apply):

Week 1: June 9-13  Week 2: June 16-20  Week 3: June 23-27  Week 4: June 30- July 4

Week 5: July 7-11  Week 6: July 14-18  Week 7: July 21-25  Week 8: July 28 – Aug. 1

Week 9: TBD, depending on the ACPS School calendar

Parent/Guardian(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Household Size: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Secondary Email: \_\_\_\_\_

**Office Use Only** - Please attach all supporting documents.

City Resident or Non-City Resident (circle one)

Verification of Financial Need (check here)

Verification of Guardianship (check here)

Confirmed Household Size: \_\_\_\_\_

**Admin Use Only**

Application Number: \_\_\_\_\_

Scholarship Status: Awarded Denied

Program Site: \_\_\_\_\_

Reviewed By (Initials): \_\_\_\_\_

**Program Information** Please fill out following information *as applicable* to the program for which you are registering.

Program Name: \_\_\_\_\_ Program Location: \_\_\_\_\_

Session Number and/or Time: \_\_\_\_\_ Class Level: \_\_\_\_\_

▶▶ **PLEASE INITIAL (IF APPLICABLE):** I have completed the handbook/orientation requirements for this program. \_\_\_\_\_

**Participant(s) Information**

• **NEW CUSTOMERS** – Please complete all sections

• **RETURNING CUSTOMERS** – Please complete sections 1 and 4 only.

Update section 1 if any contact information has changed or is missing; check with staff while registering

**1**

Participant #1: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Indicate any allergies, medical, physical limitations or behavioral concerns: \_\_\_\_\_

Participant #2: \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Indicate any allergies, medical, physical limitations or behavioral concerns: \_\_\_\_\_

**2**

Primary Guardian Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

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

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Carrier \_\_\_\_\_

I agree to receive text alerts.

Email: \_\_\_\_\_

I would like to receive emails about upcoming programs, events and specials.

Secondary Guardian Name: \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

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

Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_ Carrier \_\_\_\_\_

I agree to receive text alerts.

Email: \_\_\_\_\_

I would like to receive emails about upcoming programs, events and specials.

**HOW DID YOU HEAR ABOUT US?** \_\_\_\_\_

**3 Emergency Information** If I cannot be reached in the case of an emergency, I hereby give permission for immediate first aid care by the Parks, Recreation and Cultural Affairs personnel until a physician can be accessed. I hereby also give permission to the physician selected by the City of Gainesville Parks, Recreation, and Cultural Affairs Department's authorized personnel to hospitalize, secure proper treatment for, and approve medications/injections and/or surgery for my child.

**1<sup>st</sup> Emergency Contact Information:** If guardians aren't available

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(Other) \_\_\_\_\_

**2<sup>nd</sup> Emergency Contact Information:** If guardians aren't available

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

(Other) \_\_\_\_\_

**4 Waiver Agreement**

I give permission for my child(ren) to participate in all programs and activities conducted by the City of Gainesville Parks, Recreation and Cultural Affairs Department, including field trips and transportation to and from the program/activity or field trip site, and certify that he/she is in good health and able to participate in all activities. I am fully aware of the risk inherent in such activities. I hereby indemnify and release the City of Gainesville, any of its elected or appointed officials, volunteers, employees, agents, and sponsors from any and all liability or claims, including attorney's fees, costs and injuries, which may be sustained by me or minor children on account of his/her participation in said programs or associated activities and events. I hereby give my consent to the City to secure and authorize such emergency medical treatment as my child might require while participating in the City's programs and activities. I also agree to pay all the costs and fees contingent on emergency medical care or treatment as secured or authorized under this consent. I give my permission for my child to be photographed and/or videotaped with his/her name to be used for publicity purposes for the City of Gainesville Parks, Recreation and Cultural Affairs Department. This waiver, release and indemnification form is completed and signed of my own personal free will and with full knowledge of its significance. I have read this release and understand all of its terms.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Information provided on this form may be subject to the State of Florida public records law (chap. 119.07, Fla. Stat.). Under this law, the City is required to provide access to and copies of a non-exempt public records upon request from a member of the public. This form, Document No. R16-09Rec, is a legal instrument approved by the City Attorney. Any deviations from its use should be authorized by the City Attorney.

**FOR OFFICE USE** Receipt Number \_\_\_\_\_

Residency Status:  City  Non-City

**Participant Information** Please fill out following information, *as applicable* to the program for which you are registering.

**Participant Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **M / F**

**Program Name:** \_\_\_\_\_ **Program Location:** \_\_\_\_\_

**Session Number and/or Time:** \_\_\_\_\_ **Class Level:** \_\_\_\_\_

**① Medical Alert**

Please list any health concerns, limitations, restrictions, allergies and/or medical conditions that staff needs to be aware of?

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

My child carries an Epi-Pen and I have filled out the Request to Facilitate Medication form.

**② Request to Facilitate Medication**

The City of Gainesville is not responsible for administering medications. Arrangements must be made to have medications or any other medicinal needs administered by a parent/guardian. It is important that staff be made aware of any allergies or behavioral conditions that effect your child.

My child will need to self-administer medication.

Staff members are not permitted to administer medication however, staff can facilitate your child to self-administer medication. Please complete the Request to Facilitate Medication form on site when you drop off your child.

My child does not need to self-administer medication.

**③ Authorized Release**

I authorize the following person(s) to drop off and pick up my child from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department. I understand and agree that a state or federally issued picture identification card will be required from the authorized person(s) prior to releasing my child into their custody. I further understand and agree that my child will not be released into the custody of any person(s) who are not listed as authorized.

Name: _____	Relationship to child: _____	Phone: (____) _____
Name: _____	Relationship to child: _____	Phone: (____) _____
Name: _____	Relationship to child: _____	Phone: (____) _____
Name: _____	Relationship to child: _____	Phone: (____) _____

**Is your child authorized to sign themselves out of the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department?**

Yes, I authorize permission.

I authorize permission to release my child from staff supervision and consent to allow my child to walk home without parental supervision from the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

No, I do not authorize permission.

**④ Field Trip and Movie Permissions**

I authorize permission for my child to participate in off-site trips at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

Yes, I authorize permission.

No, I do not authorize permission.

I authorize permission for my child to watch movies based on the selected ratings below at the program, activity or event sponsored by the City of Gainesville Parks, Recreation and Cultural Affairs Department.

Yes, I authorize permission to watch PG rated movies.

Yes, I authorize permission to watch PG-13 rated movies.

No, I do not authorize permission.



**Family Application for Reduced Fees**

To apply for reduced fees complete only one application per household.

Which program are you applying for (check one):  Afterschool Program  Summer Camp

**Section 1: Child Information.** Print the name and grade for all children for which you are applying

Name	First	Middle	Last	Grade
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

**Section 2: Household Members and Gross Income.\*** Write the names of all persons in your household. Include all adults and children in the home, including the children you are applying for. Write the income amount received by each household member and how often the income is received before taxes are taken out (gross income). List the income in the column that shows where it comes from: employment, child support, alimony, retirement/pension, disability or other income. Report income that is currently received.

Household Member Name	Employment (Gross Income/ Frequency)	Child Support (Gross Income/ Frequency)	Alimony (Gross Income/ Frequency)	Retirement (Gross Income/ Frequency)	Disability (Gross Income/ Frequency)	Other Income (Gross Income/ Frequency)
ex. Jane Roy	1200 / B	200 / W	N/A	N/A	N/A	N/A

Key: **W** = Weekly, **B** = Biweekly, **T** = Twice a month, **M** = Monthly, **A** = Annually

You must provide documents supporting each source of income. Documents accepted include: Prior year W-2's from all jobs, and current child support award letter, alimony award letter, retirement/pension benefits letter, disability or social security award letter.

**Section 3: Parent/Caregiver Certification of Information Provided.** I certify the household and income information provided is true and complete. I understand that this information will be used to determine eligibility for reduced rates in education programs. This application applies only to the current educational program that I am applying for.

Parent/Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Office Use Only**

Total Income: \_\_\_\_\_ per W B T M A (circle one) Household size: \_\_\_\_\_

Circle One: Approved or Denied Date Status Added to the Account: \_\_\_\_\_

\*Income Eligibility will be based upon most recent Florida Department of Health guidelines for free and reduced meals.