GTCC Titan Kids College/Camp Scholarship

2020

- Camp is a great experience for kids. It’s a place to learn new skills, meet friends, and have fun! We want as many kids as possible to have the opportunity to attend our camp. But we also know that the cost of camp can be a burden for some families.

- Scholarship awards are granted only to campers with a financial need. Awards are provided per family per season and not guaranteed to every applicant. Applications are required for each child (multi-child families may submit one set of financial data with all applications).

- In order to be considered for financial assistance a camper must complete a registration form along with the scholarship form.

**Award Criteria:**

- Eligible students shall be between the ages of 9-12 years at the beginning of camp with a financial need.
- The GTCC Titan Kids Scholarship Committee will award scholarships based on financial need and available space in the program.
- All information requested on the scholarship application form is required. Incomplete application forms may be denied.
- You may be contacted if additional information is needed.

**Distribution:**

- Funds will be available for disbursement beginning in the 2020 year. Scholarships shall be awarded for up to 90% of the program fee (per student) with a maximum award $207.00 per family.

**Program Dates**

- Funds are limited, so awards will be made on a first-come, first-served basis to eligible applicants. Priority date for application is **February 3, 2020**. First review of scholarship
applications will be February 15, 2020. Applications for the camp scholarship will continue to be accepted after the priority date but not later than May 31, 2020. Applications after this date will not be accepted.

**Recognition**

Funding to establish the GTCC Titan Kids College/Camp Scholarship Program was donated in 2019 by Mrs. Kathryn Turner to support summer camp for kids at Guilford Technical Community College (GTCC).

**Application:**

Child’s Full Name: _______________________________________________________

Child’s Date of Birth: _________________________ Age __________

School Child Attends: ________________________________________________

Grade in School of Child: _____________

Scholarship Amount Requested: __________________________

**Family Information:**

Parent/Guardian 1:

  Parent/Guardian Name: _____________________________________________

  Address: _________________________________________________________

  Email Address: ____________________________________________________

  Home Phone Number: __________________________

  Work Phone: __________________________ Cell Phone: __________________

Parent/Guardian 2:

  Parent/Guardian Name: _____________________________________________

  Address: _________________________________________________________

  Email Address: ____________________________________________________

  Home Phone Number: __________________________

  Work Phone: __________________________ Cell Phone: __________________
**Additional Information**

1. Number of dependents under the age of 18 years: _______________

2. Number of adults in the household over age of 18 years: __________

3. Annual Household Income: _______________________

   *This information is subject to verification, so please be as accurate as possible.*

**Please explain the reasons for the need:**

[Blank space for explanation]

**Additional Income:**

- Public Assistance: (Work First, EBT/Food Assistance, WIC)
- Other: __________________________________

   *This information is subject to verification, so please be as accurate as possible.*

**Total Additional Income** ______________________