



Child Unique ID: _____ Family ID: _____

CHILDREN'S TRUST
OF ALACHUA COUNTY

Child Enrollment Form

Child's First Name _____ Last Name _____ Middle _____

Child's Date of Birth (MM/DD/YY) Child's Gender Male Female Other

Child's School Name _____

Child's Grade for the School Year Child's Age at Enrollment

Address _____ City _____ Zip Code _____

Child's Race (select one): American Indian or Alaskan Asian Black or African-American
 Native Hawaiian or Other Pacific Islander White Multiracial Other _____

My Child is: Hispanic/Latino or Non-Hispanic/Latino

Child's Primary Caregiver (Full Name) _____

Primary Caregiver Language: English Spanish Other, Please Specify _____

Primary Caregiver Email Address _____

Primary Phone Number Is this a cell/mobile phone? Yes No

Your Child's Planned Attendance:

Please mark with an "X" each day your child will attend:

| June 2023 | | | | | | | July 2023 | | | | | | | August 2023 | | | | | | |
|-----------|----|----|-----|----|----|----|-----------|----|----|----|----|----|----|-------------|---|---|---|-----|---|---|
| S | M | T | W | T | F | S | S | M | T | W | T | F | S | S | M | T | W | T | F | S |
| | | | 31* | 1 | 2 | 3 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | | 1 | 2 | 3 | 4 | 5 |
| 4 | 5 | 6 | 7 | 8 | 9 | 10 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 6 | 7 | 8 | 9 | 10* | | |
| 11 | 12 | 13 | 14 | 15 | 16 | 17 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | | | | | | |
| 18 | 19 | 20 | 21 | 22 | 23 | 24 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | | | | | | | |
| 25 | 26 | 27 | 28 | 29 | 30 | 1 | 30 | 31 | | | | | | | | | | | | |

*school ends on **May 31, 2023**; *school starts on **August 10, 2023**.

Holidays: June 19th is Juneteenth; July 4th is Independence Day

Total Days Expected to Attend: _____

I give my permission for this information along with my child's attendance to be submitted to the Children's Trust of Alachua County for payment, program monitoring and evaluation. The Children's Trust provides funding for summer camp scholarships. Information provided to the Trust that identifies your child will be kept private, in a secured system, not shared with unauthorized individuals, and only used for accountability, evaluation, and program improvement.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

The Children's Trust summer camp scholarships are available for children so they can have access to quality summer camp opportunities. The Children's Trust wants to see scholarships are received by those who can most benefit and might not otherwise be able to participate in these enrichment experiences. To qualify for a Children's Trust scholarship children must:

- 1) Live in Alachua County.
- 2) Be entering Kindergarten through 12th grade in the 2023-2024 school year.
- 3) Meet one or more of the following scholarship criteria:

Scholarship Eligibility (check all that apply):

Supporting document for one selection must be provided to verify eligibility.

- Family below 200% of 2022 federal poverty guidelines
- Family between 200% - 400% of 2022 federal poverty guidelines
- Family receiving SNAP benefits
- Child has an Individualized Education Plan (IEP) and/or 504 Plan
- Child is in foster care, voluntary formal kinship care, or under case management supervision

Acceptable Documentation:

1) Family below 200%, or between 200%-400% of federal poverty guidelines.

- o Income Statements (Pay stubs or other proof of income statements)
- o Recent Tax Return
- o Letter from Employer

2023 Poverty Guidelines for 48 Contiguous States

| Persons in Family/Household | 200% | 400% |
|-----------------------------|-----------|-----------|
| 2 | \$39,440 | \$78,880 |
| 3 | \$49,720 | \$99,440 |
| 4 | \$60,000 | \$120,000 |
| 5 | \$70,280 | \$140,560 |
| 6 | \$80,560 | \$161,120 |
| 7 | \$90,840 | \$181,680 |
| 8 | \$101,120 | \$202,240 |

For families/households with more than 8 persons, add \$5,140 for each additional person.

Source: [HHS Poverty Guidelines for 2023](#)

2) Family receiving SNAP benefits

- o SNAP Eligibility Form or Dated Letter
- o Note: A copy of a SNAP or EBT card is not accepted, as it does not have a date.

3) Child has Individualized Education Plan (IEP) and/or 504 Plan

- o Copy of the IEP or 504 Plan (first page only)

4) Child is in foster care, voluntary formal kinship care, or under case management supervision

- o Placement letter

THIS IS THE END OF THE APPLICATION. PLEASE SAVE THIS FILE AND EMAIL IT TO jamstemcampscholarships@gmail.com.



CHILDREN'S TRUST
OF ALACHUA COUNTY

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FOR STAFF USE ONLY (MUST BE COMPLETED)

Enrollment Date: _____ Scholarship Type: Full Partial

Alachua County Residency Must be Verified. For children who are temporarily living in Alachua County, please contact your Contract Manager for scholarship eligibility determination.

Scholarship Eligibility Documentation Provided

Type of Documentation Provided _____

Collection and verification of scholarship eligibility is required prior to attendance.

Acceptable Documentation:

- 1) Family below 200%, or between 200%-400% of federal poverty guidelines.**
 - o Income Statements (Pay stubs or other proof of income statements)
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of Persons in Household: _____

Annual Household Income: _____

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