



415D Starr Street  
 Corpus Christi, TX 78401  
 361-887-6834



**SUMMER ART CAMP 2017 - SCHOLARSHIP APPLICATION**  
**FIRST COME FIRST SERVE WHO QUALIFY**

Student must complete the following information and criteria to be considered for a scholarship to K Space Contemporary Summer Art Camp.

*I wish to apply for a scholarship for KSC Summer Art Camp. I understand K Space Contemporary does not guarantee funding for campers to participate in camp sessions.*

.....

Camper's name: \_\_\_\_\_ Age: \_\_\_\_\_ Attended this camp before? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

**Please answer the following questions:**

Annual Combined Family Income: \_\_\_\_\_ Total # family members living in household: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Does camper have transportation? \_\_\_\_\_  
 Address: \_\_\_\_\_ Do you qualify for school lunch program? \_\_\_\_\_  
 Do you qualify for WIC/CHIP/Lonestar Card? \_\_\_\_\_

**I attest that the preceding information is true to the best of my knowledge.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Print Name: \_\_\_\_\_ (check one)  Parent  Guardian/Caretaker

<i>REFERRAL REQUIRED (check appropriate Referral type and sign below)</i>	
Referral Signature: _____	<b>CHECK ONE:</b>
Print Name: _____	<input type="checkbox"/> Teacher
Contact Number: _____	<input type="checkbox"/> Art instructor
	<input type="checkbox"/> After-school/Youth club leader
	<input type="checkbox"/> CASA/Foster Guardian

**SELECT CAMP SESSION:**

Please number in order of preference (1 – 3). If you are not interested in every camp, please number only the camps you'd like to attend.

- \_\_\_\_\_ Session 1: 1 week, June 26-30: Mural Arts
- \_\_\_\_\_ Session 2: 1 week, July 10-14: Mural Arts
- \_\_\_\_\_ Session 3: 1 week, July 17 -21, Mural Arts
- \_\_\_\_\_ Session 4: 1 week, July 24-28, Mural Arts
- \_\_\_\_\_ Session 5: 1 week, July 31-Aug. 4, Mural Arts.