



2020 SUMMER CAMP 3-WEEK SCHOLARSHIP PROGRAM

SUMMER DAY CAMP / SUPER SPORTS CAMP ONLY

The City of Sandy Springs Recreation and Parks Department is currently offering a summer scholarship program, with a **\$40.00 parent buy-in** (per child, per week). SUMMER DAY CAMP & SUPER SPORTS CAMP will be held for six (6) weeks from June 1 through July 17, 2019; no camps held the week of July 4th. This scholarship will provide assistance for up to three (3) weeks of the summer camp program of your choice.

Scholarship requests will only be accepted via email at Recreation@sandyspringsga.gov or in person at the Parks & Recreation Department Registration Office located at City of Sandy Springs City Hall - 1 Galambos Way, Sandy Springs, GA 30328 between 8AM-4PM Monday - Friday from **March 16, 2020 - May 27, 2020**. *Please allow at least 72 hours for your request to be processed.* Your approval and invoice will be sent via email. Once approved, you will need to pay your invoice through the email or online at : <http://registration.sandyspringsga.gov> . In addition, you can make your payment in person during office hours at City of Sandy Springs City Hall - address listed below (Monday-Friday 8AM-4PM).

There are limited slots per week for each camp, and completion of this form does not guarantee a slot for your child. Your child will not be registered and placed on the roster for camp until the 'buy-in' payment is received; slots will not be held for anyone, NO EXCEPTIONS.

To be eligible, students must either live in the City of Sandy Springs or attend a public school within the City of Sandy Springs and receive free or reduced lunch at their school. This scholarship applies to the Summer Day Camp & Super Sports Camp programs ONLY, and cannot be extended nor transferred to another season, program or person.

City of Sandy Springs
Recreation & Parks Department
1 Galambos Way
Sandy Springs, GA 30328

SUMMER CAMP 3-WEEK SCHOLARSHIP PROGRAM APPLICATION

When completing the form be sure to indicate which camp you would like to register your child for, and the three (3) weeks you would like them to participate.

*****Requests must be submitted with proof from the school's cafeteria proving the participant receives free/reduced lunch, NO EXCEPTIONS.**

I live in the city limit of Sandy Springs Yes No

I live outside Sandy Springs but my child attends a Fulton county school within the Sandy Springs city limits Yes No

Does your child receive free or reduced lunch Yes No

Childs Name: _____ Grade: _____

Parents Name: _____ Phone #: _____

Email address: _____

Address: _____

City: _____ Zip Code: _____

Age: _____ Date of Birth: _____ School: _____

****Persons living outside and not attending a public school within the city limits of Sandy Springs are not eligible.**

Check the program that you would like your child to participate in: <input type="checkbox"/> Summer Day Camp <input type="checkbox"/> Super Sports Day Camp
Check the 3 weeks that you would like to request the scholarship for: <input type="checkbox"/> Wk1: June 1-5 <input type="checkbox"/> Wk2: June 8-12 <input type="checkbox"/> Wk3: June 15-19 <input type="checkbox"/> Wk4: June 22-26 <input type="checkbox"/> Wk5: July 6-10 <input type="checkbox"/> Wk6: July 13-17 <input type="checkbox"/> **Wk7: July 20-24 (Day Camp ONLY)
What size T-shirt for camper? Youth Sm <input type="checkbox"/> Youth Med <input type="checkbox"/> Youth Lg <input type="checkbox"/> Adult Sm <input type="checkbox"/>

I acknowledge that the information provided is true to the best of my knowledge.

Parent or Guardian's Signature

Date