

## Kirkwood Camp Tuition Assistance Application

Please complete the form and return it to Kirkwood Continuing Education. Tuition assistance will be based on the Federal Income Eligibility Guidelines.

Free and Reduced Lunch automatically qualifies your camper for tuition assistance. A letter from the Dept. of Food and Nutrition or from your child's school is required with each application. Please attach a copy of the letter to this application.

If you are not on free and reduced lunch but qualify under the Federal Income Eligibility Guidelines, please contact Kaitie Gregerson, at 319-398-5529, for more information.

Tuition Assistance is available on a first come, first serve basis and is limited to one camp, per child, per school year.

1. Complete one application per child.
2. Answer all questions on the form.
3. Sign the form and return it to Kirkwood Community College – Continuing Education.
4. Your child's registration for camp will be processed after tuition assistance eligibility is determined.
5. The school year runs from July 1<sup>st</sup> through June 30<sup>th</sup>.

### Part 1 – Camp Information

	Camp Name	Camp ID	Camp Dates	Camp Tuition
Preference #1				
Preference #2				
Preference #3				

### Part 2 – Health/Medical Release Information

Camper's Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Sex \_\_\_\_\_ M/F: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

Alternate Emergency Contact: \_\_\_\_\_

Emergency Contact Number: Medical \_\_\_\_\_

Insurance Information: \_\_\_\_\_

List Any Medical Conditions: \_\_\_\_\_

List Any Allergies: \_\_\_\_\_

List Any Medications The Child Is Taking: \_\_\_\_\_

If the named minor child is in need of medical attention, as the result of either illness or injury, I do hereby give my permission for Kirkwood Community College to provide, or see that the necessary care is provided. Additionally, I give the College permission to submit my medical insurance information to any medical provider caring for the named minor child.

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

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

Application can be returned to: Kirkwood Community College, Continuing Education  
6301 Kirkwood Blvd. SW, Cedar Rapids, IA 52404