



SWFFCG Scholarship Application For Creativity Camp

**Applications due by March 25, 2024 at midnight EST.
Scholarship recipients will be notified by April 17, 2024.**

The following application is for one child between the ages of 7-13 to attend the Cape Coral Art Center's Creativity Camp for one week free of charge. Every year the Southwest Florida Fine Craft Guild generously donates a limited amount of scholarship opportunities to children as needed to expand access to the arts and remove financial barriers.

Please be sure to fill out all information. Applications that are not completely filled out will not be selected. All eligible applicants will be considered; however, completing an application does not guarantee a scholarship. Any application received after the due date will be awarded on a first-come first-serve basis if funds are available.

IMPORTANT NOTE: Please make sure to list email addresses accurately, as we use email to send program information, camp packets that need to be completed and returned before the first day of camp, to confirm enrollment, cancellations and other important information.

The mission of the SWFFCG is to encourage high standards of performance and accomplishments in fine crafts. Guild members are active members of the art community providing demonstrations, art scholarships, and exhibitions.

Return completed entries to Cape Coral Art Center at 4533 Coronado Parkway or email to artcenter@capecoral.gov.

Scholarship provided by:





SWFFCG Scholarship Application For Creativity Camp

Parent or Guardian's Name

First: _____ Last: _____

Guardian's Relationship: _____

Phone Number: _____

Child's Name

First: _____ Last: _____

Child's Date of Birth: ____/____/____

Mailing Address: _____

Email Address: _____

Have you ever received a camp scholarship at Cape Coral Art Center before? Yes No

If yes, when? If no, how did you hear about this scholarship program? _____

Are you flexible on which week(s) your child attends camp?

- Yes, I just want my child to experience Creativity Camp programs.
- No, I need my child in Creativity Camp during the dates specified.
- No, my child is only interested in the camp topics during the dates specified.

First choice:

Preferred Week #: _____ Week Start Date: ____/____/____ Week End Date: ____/____/____

Week Theme: _____

Second choice:

Preferred Week #: _____ Week Start Date: ____/____/____ Week End Date: ____/____/____

Week Theme: _____

Please tell us why receiving this scholarship is important to you and your family. Include information on the following items:

- What barriers prevent your child from attending camp without a scholarship?
- Why is attending this camp important to your child?
- What does your child hope to learn from attending this camp?

You have my permission to share this information, omitting names and identifying information with the SWFFCG.

Signature of Guardian

____/____/____
Date