

GB Camp Excellence

"A Sankofa Summer"



June 5—July 28, 2023

Grades K-8 2023-2024 SY

Monday— Friday 8:30 AM—4:30 PM

**Breakfast * Lunch * Snacks * Weekly Field Trip *
Recreation * Black History**

\$90 per week

(Full and Partial Scholarships Available)



Register at www.GBGville.com

701 SE 43rd Street Gainesville, FL 32641

GREATER BETHEL AME CHURCH

701 SE 43rd Street, Gainesville, Florida 32641

www.GBGville.com * (352)376-8846

GB Camp Excellence

June 5 – July 28, 2023

- E-Mail completed and signed application to GBGville@outlook.com or mail to 701 SE 43rd Street Gainesville, FL 32641.
- A \$50 non-refundable deposit is required with each registration (Only once per household).
- Non-Scholarship Camper Fee = \$90 per week (payment for the week must be paid prior to camper arriving on Monday morning).
- If payment is not received by the Tuesday of each week, the space will be filled from the waiting list.
- If scholarship is being requested, please provide proof of qualifying criteria.
- Make payment at [https://cash.app/\\$GBGville](https://cash.app/$GBGville) or make check payable to Greater Bethel AME Church.

SCHOLARSHIP QUALIFICATIONS

2023 Poverty Guidelines For 48 Contiguous States	Annual Income	Source: HHS
Persons In Family/Household	200%	400%
	Full Scholarship	Partial Scholarship
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

- 1) **Full scholarships:** Children from families at or below 200% 2023 federal poverty threshold,. (Pay Stub, 2022 Tax Return, Letter From Employer Needed) **or**
- 2) Children with Individualized Educational Plan (IEP) and/or 504 Plan (Copy of 1st Page Only) **or**
- 3) Children from families receiving SNAP benefits (Eligibility Form or Dated Letter Needed) **or**
- 4) Child in foster care, voluntary formal kinship care or under case management supervision. (Placement Letter Needed)
- 5) **Partial Scholarship:** Children from families between 200% - 400% 2020 Federal Poverty Level.



CHILDREN'S TRUST
OF ALACHUA COUNTY

CHILD INFORMATION FORM

Child's Last Name _____ First _____ Middle Name _____

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

Alachua County Public Schools ID # No ID #

Child's School Name _____

Child's Grade in Upcoming School Year

Street Address _____ City _____ Zip Code _____

Child's race (select only one) American Indian or Alaskan Asian Black or African-American
 Pacific Islander White Multiracial Other _____

Child's primary caregiver (full name) _____

Primary caregiver email address _____

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

(Please note that The Children's Trust of Alachua County may contact you via postal mail, email and/or text to ask about your satisfaction with these services, and to make you aware of other Trust-funded programs, initiatives and events you may be interested in.)

I give my permission for this information to be submitted to The Children's Trust of Alachua County for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I hereby:

- consent and authorize**
- do not consent and authorize**

the staff of The Children's Trust of Alachua County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children or my wards for educational, research, documentary and public relations purposes.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____ SITE _____

Grades Served: K to 8th 9th to 12th

Scholarship Enrollment Criteria

Child from family at or below 200% 2020 federal poverty threshold Child with Individualized Educational Plan (IEP)

Child from family receiving SNAP benefits Child from family between 200% - 400% 2020 federal poverty level.

Enrollment Fee Scholarship? Yes No Scholarship Type Full Partial