



Reef Relief Scholarship Application

Thank you for your interest in applying for a scholarship to participate in Reef Relief's Coral Camp. This application will allow the selection committee to ensure that the limited scholarship funding available for Coral Camp will be given to the most appropriate candidates. Please answer all parts of the application; incomplete applications will not be considered. Youth must reside within Monroe County, FL to qualify.

Child's Name: _____

Child's Age as of June 1, 2025: _____

Address (must reside in Monroe County, FL): _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

I certify that our average monthly household income for 2024 was: _____

How many residents (child + adult) in household in 2024: _____

Guidelines: (200% above national standard: source Florida Food Stamp Program 2025)

# of household residents	Maximum monthly household income
1	\$2,608
2	\$3,525
3	\$4,441
4	\$5,358
5	\$6,275
6	\$7,191
7	\$8,108
8	\$9,025

Please attach documentation that clearly displays the monthly earnings of every income-earning adult. (i.e W2, screenshot of deposit, or pay stub). Only one month is needed.

I hereby certify that, to the best of my knowledge, the information provided above is true and accurate.

Parent/Guardian Signature: _____

Date: _____

For office use only: _____ Approved _____ Not Approved