



# Summer Zoo Camp Scholarship Application Form 2020

2019-2020

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Phone (Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Brookfield Zoo Membership Number: \_\_\_\_\_ Has your child attended Zoo Camp before? Y / N

(Please provide Membership Number if parent is a zoo member; membership is not required to qualify for scholarship)

**Camp Level:** (Circle One)      **PreZoo**      **Discovery**      **Explorer**      **Adventure**      **Conservation Science Camp**

\*Choose the Zoo Camp level based on the grade your child is **completing** for the 2019-2020 school year.

(ages 4 & 5)      (K & 1<sup>st</sup>)      (2<sup>nd</sup> & 3<sup>rd</sup>)      (4<sup>th</sup> & 5<sup>th</sup>)      (6<sup>th</sup>, 7<sup>th</sup>, & 8<sup>th</sup>)

**Dates to attend Zoo Camp:**

Please rank the following weeks in order of preference (1 = most preferred, 8 = least preferred). Zoo Camp Scholarships will be awarded for one week only of the summer program. Before and After Care are not eligible for scholarships.

<input type="checkbox"/> June 8-12, 2020	<input type="checkbox"/> June 15-19, 2020	<input type="checkbox"/> June 22-26, 2020	<input type="checkbox"/> July 6-10, 2020
<input type="checkbox"/> July 13-17, 2020	<input type="checkbox"/> July 20-24, 2020	<input type="checkbox"/> July 27-31, 2020	<input type="checkbox"/> August 3-7, 2020

Check here if you are already registered for Zoo Camp. Your camp registration may still qualify!

**Does your child have a disability, special need, or chronic health condition?**      Y / N

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Why are you interested in Zoo Camp?** \_\_\_\_\_

\_\_\_\_\_

**Does your child receive any special education services or accommodations at school?**      Y / N

**What are some disability or health-related accommodations your child may need while attending Zoo Camp?:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Please initial the following:**
- I understand that it is at the discretion of the Chicago Zoological Society to determine what portion, if any, of the camp fee they are able to support. \_\_\_\_\_
  - My camper did not receive this scholarship in years past \_\_\_\_\_
  - I understand that this application needs to be received by April 30, 2020 in order to be considered. \_\_\_\_\_
  - I understand that I will be contacted by phone by April 30, 2020 **only** if my application is approved. \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Office Use Only:</b>	_____ Approved	_____ Amount Granted	_____ Denied
-----------------------------	----------------	----------------------	--------------