



**INDIVIDUAL ZOOCAMP SCHOLARSHIP**

**SUMMER ZOOCAMP 2010**

APPLICATION AND GUIDELINES

**APPLICATION DEADLINE**

**April 1, 2010**

# SCHOLARSHIP GUIDELINES

Thank you for your interest in The Los Angeles Zoo's Summer ZooCamp Program! Scholarship allocations are contingent upon the availability of funds and the level of need. We require that you meet the financial guidelines; mail a support letter and an application to the address below. Scholarship space is available for one week of camp only. If you require extended care, you are responsible for the additional fees (\$35 for AM and \$60 for PM; \$95 for both AM/PM extended care as well as any charges related to early pick-up, late drop-off and/or late pick-up). You will be notified in writing of acceptance. The deadline to apply for a Summer ZooCamp scholarship is **April 1, 2010**. Scholarships will be awarded to all eligible applicants on a first-come, first-served basis, so we encourage all interested to apply early.

The primary intent of the ZooCamp Scholarship program is to minimize the financial barriers and enable children with few or no resources to participate in our Summer ZooCamp program. Scholarships will be awarded based upon availability of funding and proven financial hardship of the applicant.

Please send application and support letter to:

Los Angeles Zoo  
Education Division (Summer ZooCamp Scholarship)  
5333 Zoo Drive  
Los Angeles, CA 90027

(Only original applications will be accepted – NO FAXES)

If you have additional questions after reviewing the application, please call 323-644-5366 or 323-644-4212.

# Los Angeles Zoo & Botanical Gardens

## SUMMER ZOOCAMP 2010 SCHOLARSHIP APPLICATION

### APPLICATION DEADLINE

**April 1, 2010**

Please fill out completely. Incomplete or illegible applications will not be considered.

#### I. REGISTRATION INFORMATION (one application per camper)

Name of Camper \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
Last First Middle Initial

Age of Camper \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Allergies \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Last First Middle Initial

Home Address \_\_\_\_\_ School District \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City or Council District # \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Last First

Parent's Signature \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)

#### II. FINANCIAL INFORMATION

(Please check the one that applies – Please provide appropriate documentation for each of the elements that you check)

Child recipient of free or reduced school lunch program (Please provide copy of completed school form)

Low income housing

Aid for families with dependent children

Los Angeles County Foster Care

#### III. LETTER OF SUPPORT

We would like to know more about your family's desire to have your child participate in the Los Angeles Zoo's Summer ZooCamp program. **Please write a one-page letter indicating the following:**

- Why do you or your child want to participant in our Summer Zoo Camp program?
- How do you believe your child will benefit from this experience?

IV. **REGISTRATION INFORMATION** (See 2010 Summer ZooCamp Schedule at <http://www.lazoo.org/education/zoocamp>)  
Please note that we will do our best to accommodate your **FIRST CHOICE** for the week of camp.

\_\_\_\_\_  
Child's Name \_\_\_\_\_ Age \_\_\_\_\_

**#1 CHOICE FOR WEEK OF CAMP** \_\_\_\_\_

**#2 CHOICE FOR WEEK OF CAMP** \_\_\_\_\_

**#3 CHOICE FOR WEEK OF CAMP** \_\_\_\_\_

List any allergies: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

\_\_\_\_\_  
(Print Name) \_\_\_\_\_ (Date)

**APPLICATION DEADLINE: April 1, 2010**

<p><b>Office use only:</b> Date of visit: _____ conf.#: _____ Value _____ Approval from Director of Education: _____ Date: _____</p>
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