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Jeffrey P. Bonner, Ph.D.
President & CEO

January 23, 2009

Dear Scholarship Applicant,

Thanks to a generous donation from the Ensign-Bickford Foundation on behalf of AFB International and the Moneta Group Charitable Foundation, the Saint Louis Zoo is pleased to announce scholarship opportunities for our educational summer camp programs! Full or partial scholarships are available for children who are interested in learning about the animal world, but could not otherwise attend our camp programs due to financial limitations.

Scholarships are available for all three of our Camp programs. Camp KangaZoo is a weeklong program for children entering 1st – 6th grade. Teen Camp is a similar program for youth entering 7th – 9th grade. At these programs, participants spend four exciting days and one night exploring the Zoo through hands-on activities, games, live animals, music and much more. Funding is available to provide lunch and after-care to scholarship recipients. Scholarships are also available for Camp Joey, which is a four day, half day program for preschoolers ages 4-5. Scholarships for all camps will be awarded based on interest and financial need as determined by an application and recommendation form.


To apply for a Camp KangaZoo Scholarship:

1. Complete the Camp Scholarship Application and Health/Information Form with your child. Your child's essay on page 4 is a very important part of the application, and will be used to help in selection, especially if applying to Teen Camp. Please share this with your child.
2. Ask a community leader to complete the recommendation form, place it in a sealed envelope, sign it across the seal, and return it to you. (Do not open the recommendation.) Or, he or she may e-mail a recommendation directly to cooney@stlzoo.org. This person should be a pastor, teacher, school principal, social service worker, etc. who knows your child and your financial situation. Recommendations from relatives will not be accepted.
3. By May 7, send the completed application form, **and** the sealed recommendation (unless it was e-mailed) to the address on the top of the application form.

If accepted for a full scholarship, you will receive a confirmation packet in the mail. If you are awarded a partial scholarship, you will receive a notice and will have two weeks to send in payment for the other portion of the registration fee. If you have any further questions please feel free to contact the Education Department at (314) 646-4544.

Sincerely,

Eve Cooney
Youth Programs Coordinator



Saint Louis Zoo 2009 Camp Scholarship Application and Health/Information Form

Page 1 of 4 – One Child Per Form

Send this Completed **Application** (4 pages) and sealed **Recommendation Form** by May 7 to:

Camp Scholarship Applications
 Saint Louis Zoo Education Department
 One Government Drive
 Saint Louis, MO 63110

STEP 1: HEAD OF HOUSEHOLD

Parent or Guardian's Name:

Street Address:

Check here if new address

City:

State:

Zip+4:

Home Phone: ()

Work Phone: ()

Cell Phone: ()

E-mail Address:

Your e-mail address may be used to send you information about your Saint Louis Zoo education program. Please check here if you would also like to receive e-mail updates, news and information about other Zoo opportunities. We will not sell, trade, or exchange your e-mail address with any third parties.

STEP 2: EMERGENCY CONTACTS - Required for all Camp participants.

Please name two people we may contact to act on your behalf if you (the parent or guardian) are not available in the event of illness, homesickness or an emergency. Please inform the contacts that, in the event we are unable to contact you, they may be contacted and asked to pick up your child from the Zoo, or asked to speak on your behalf in case of an emergency.

Name:	Relationship:	Work Phone: ()	Home Phone: ()
Name:	Relationship:	Work Phone: ()	Home Phone: ()

STEP 3: CHILD'S INFORMATION

First and Last Name:	Gender: M / F	Birth Date:	Grade Level (Fall 2009):
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Relationship to the Head of Household listed (grandson, daughter, etc.):

How should your child's name appear on his or her nametag:

SO THAT WE MAY BETTER SERVE YOUR CHILD: (attach additional pages if necessary)

Please describe any **medical condition or special needs** about which the camp staff should be aware regarding your child. Please include any allergies, susceptibility to nosebleeds, shortness of breath on exertion, bed-wetting, sleep-walking, dietary restrictions, etc.:

Please describe any activities in which your child should **not** participate:

Please explain anything else you would like us to know about your child.

At this time, are you aware of any medications that your child will be using during the program?
 Yes No

If yes, please specify:

*If your child needs to take medication during camp hours, please pack their medication and written instructions in their lunch container or in a fanny pack. The Zoo staff **cannot** administer medication but can check to make sure that each child takes their medication.*

STEP 4: TERMS AND CONDITIONS – A parent / legal guardian must sign for all participants.

Claims Release (Required for all Participants)

I, on behalf of myself and my family, recognize and acknowledge the risk existing as participant(s) in a Saint Louis Zoo program or activity. I fully and unconditionally release the Saint Louis Zoo, all associates and/or assigns from any and all claims for personal injury and/or property damage. I voluntarily declare this release to be my full acknowledgement to relinquish all rights for any and all injury and/or property damage resulting from participation in Zoo programs or activities. Photos taken by the Saint Louis Zoo staff during any program or activity are property of the Zoo and may be used for public relations purposes related to the Zoo.

Parent / Guardian Signature _____ Date _____

Medical Consent (Required for all Participants)

In case of emergency, I understand that every effort will be made to reach me, followed by the emergency contact. In the event that neither I, nor my emergency contact can be reached, I give my consent for my child to be taken to the nearest appropriate hospital for immediate care.

Parent / Guardian Signature _____ Date _____

Family Physician _____
 Address _____
 Phone Number _____

Medical Insurance Carrier _____
 Policy # _____

STEP 5: CHOOSE YOUR CAMP SESSION

Camp Joey – for students age 4 – entering Kg

Please Check one*:

- I will NEED a Full Scholarship. My child can NOT attend Camp Joey otherwise.
- I would like a Full Scholarship but will accept a Partial Scholarship and pay \$60 for my child to attend.
- I only need a Partial Scholarship and will pay \$60 for my child to attend Camp Joey.

Please check all of the sessions your child would be able to attend. If you have a preference, please indicate 1st choice, 2nd choice, etc.

- June 29-July 2, 1-4 p.m.
- July 20-23, 8:30-11:30 a.m.
- July 6-9, 8:30-11:30 a.m.
- July 20-23, 1-4 p.m.
- July 6-9, 1-4 p.m.
- July 27-30, 8:30-11:30 a.m.

****Do NOT send any payment now – you will be notified in May of the status of your application.***

Camp KangaZoo – for students entering grade 1 – 6

KC means that KangaCare (aftercare) is available for this week.

If selected for a scholarship, your child could be registered for either “We Care – WildCare” or “Super Survivors.”

Please Check one*:

- I will NEED a Full Scholarship. My child can NOT attend Camp KangaZoo otherwise.
- I would like a Full Scholarship but will accept a Partial Scholarship and pay \$90 for my child to attend.
- I only need a Partial Scholarship and will pay \$90 for my child to attend Camp KangaZoo.

Please check all of the weeks your child would be able to attend. If you have a preference, please indicate 1st choice, 2nd choice, etc.

- June 22-26 **KC**
- July 20-24 **KC**
- June 29-July 3 **KC**
- July 27-31 **KC**
- July 6-10 **KC**
- August 3-7
- July 13-17 **KC**
- August 10-14

****Do NOT send any payment now – you will be notified in May of the status of your application.***

Teen Camp – for students entering grades 7 – 9

KC means that KangaCare is available for this week.

Please Check one*:

- I will NEED a Full Scholarship. My child can NOT attend Teen Camp otherwise.
- I would like a Full scholarship but will accept a Partial Scholarship and pay \$95 for my child to attend.
- I only need a Partial Scholarship and will pay \$95 for my child to attend Teen Camp.

Please check all of the weeks your child would be able to attend. If you have a preference, please indicate 1st choice, 2nd choice, etc.

- June 29-July 3 **KC**
- July 13-17 **KC**
- July 27-31 **KC**

****Do NOT send any payment now – you will be notified in May of the status of your application.***

STEP 6: NEED AFTER-CARE? (Not available for Camp Joey)

KangaCare is available during select Camp sessions for students entering grades 1 – 9 (as indicated above). If selected to receive after-care, we will care for you child until 6 p.m. Monday-Wednesday, and during the time between Camp and the Overnight on Thursday. Your child must be picked up at 8:30 a.m. on Friday morning. Please indicate below whether you need aftercare for your child.

- I NEED after-care. My child can NOT attend Camp without it.
 I WANT after-care. However, my child COULD attend Camp without it.
 I do not need after-care.

STEP 7: LUNCH (Not available for Camp Joey)

We are able to provide lunch to all scholarship participants every day. Lunch will be a sandwich, fruit, snack mix, and beverage. Please indicate your child's sandwich choice below or select "NO LUNCH." Please list all food allergies on Page 1.

MONDAY

- Cheese
 Peanut Butter & Jelly
 Turkey
 NO LUNCH

TUESDAY

- Cheese
 Peanut Butter & Jelly
 Turkey
 NO LUNCH

WEDNESDAY

- Cheese
 Peanut Butter & Jelly
 Turkey
 NO LUNCH

THURSDAY

- Cheese
 Peanut Butter & Jelly
 Turkey
 NO LUNCH

STEP 8: CHOOSE YOUR T-SHIRT SIZE

Please check Camp participant's t-shirt size (youth sizes run small).
Camp Joey t-shirts are available in youth sizes only.

- | | | |
|---|--|---|
| <input type="checkbox"/> Youth X-Small (2-4) | <input type="checkbox"/> Youth Large (14-16) | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Youth Small (6-8) | <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult X-Large |
| <input type="checkbox"/> Youth Medium (10-12) | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult XX-Large |

STEP 9: TO BE COMPLETED BY PARENT/GUARDIAN
Camp Joey Scholarship recipients must be able and willing to:

- Provide Transportation for the following times:
Daily Drop-off Monday - Thursday 8:30 A.M. or 1:00 P.M.
Daily Pick-up Monday - Thursday 11:30 A.M. or 4:00 P.M.
- Attend each day and participate in Camp activities
- Follow the Camp behavior guidelines

Camp KangaZoo and Teen Camp Scholarship recipients must be able and willing to:

- Provide Transportation for the following times for Camp KangaZoo and Teen Camp:
Daily Drop-off Monday - Thursday 8:30 A.M.
Daily Pick-up Monday - Thursday 3:00 P.M. or 3:30 P.M. (6:00 P.M. if in KangaCare)
Overnight Drop-off Thursday 6:30 P.M. and Pick-up Friday 8:30 A.M. (no after-care available)
- Attend each day and the overnight and participate in Camp activities
- Follow the Camp behavior guidelines

Will you and your child be able to meet these requirements? yes no

Please Explain.

Are you financially able to send your child to Camp without a scholarship? yes no
Please Explain.

What other financial assistance does your family receive (for instance, food stamps, free or reduced school lunch, tuition assistance, etc?)

How did you learn about this Scholarship opportunity?

How would your child benefit from Camp KangaZoo?

STEP 10: TO BE COMPLETED BY CHILD (with parent's help if necessary).

Use the space below to tell us why you would like to attend Camp KangaZoo. Attach additional pages if necessary.

Child Signature _____ Date _____

Give this form to a community leader (teacher, scout leader, pastor, youth worker, etc.) that is not related to the applicant.

Scholarship Recommendation Form

Camp KangaZoo / Teen Camp / Camp Joey 2009

Child's Name _____

Your Name _____

Agency or Organization _____

Address _____
(Street address) (City) (State) (Zip)

Phone (home) _____ (work) _____

What is your relationship to the applicant?

How long have you known the applicant?

Parental participation is essential to the success of this program. Scholarship recipients must be able and willing to do all of the following.

- Drop off and pick up their child at the designated times
 - Camp KangaZoo and Teen Camp hours are M-Th 8:30 – 3 or 3:30 pm, and overnight Th 6:30 pm – F 8:30 am
 - Camp Joey hours are M-Th either 8:30 – 11:30 am or 1 – 4 pm.
- Attend each day and the overnight and participate in Camp activities
- Follow the Camp behavior guidelines

Do you think this applicant can fulfill all of the above? Why?

Scholarships will be awarded based on financial need and the child's interest in animals or Zoo topics. Please use the spaces below to tell us why you think this child should receive a scholarship.

Please describe what you know about this family's financial needs.

Please describe what you know about this child's interest in science, or animals.

How would attending Camp KangaZoo benefit this child?

Signature _____ Date _____

When completed, please seal this form in an envelope, sign it across the seal, and give it back to the scholarship applicant to send in with their application OR you may confidentially e-mail your recommendation to cooney@stlzoo.org. Thank you!