Saint Louis Zoo
Animals Always®

March 13, 2013

Dear Scholarship Applicant,

Thanks to a generous donation from the Engelhardt Family Foundation and the Walter and Nancy Galvin Endowed Fund for Children, 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 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 attending Camp KangaZoo or Teen Camp. Scholarships are also available for Camp Joey, which is a five day, half or full day program for preschoolers ages 4-5. Aftercare scholarships and free lunch are not available for Camp Joey. 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 KangaZoo Registration 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, she or he may e-mail a recommendation directly to campoffice@stlzoo.org. This person should be a teacher, school principal, social service worker, religious leader, etc. who knows your child **and** your financial situation. Recommendations from relatives will not be accepted.

3. Send your completed application form – 4 pages **and** the sealed recommendation form – 2 pages (unless it was e-mailed) to the address on the application form. The application and recommendation must be **received by May 2**.

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 half of the registration fee. If you have any further questions please feel free to contact the Education Department at (314) 646-4544, option #6.

Sincerely,

Eve Cooney
Youth Programs Coordinator

# Saint Louis Zoo 2013 Camp Scholarship Application and Health/Information Form



| | |
|---|---|
| Send this Completed **Application** (4 pages) and sealed **Recommendation Form** by May 2 to: | **Camp Scholarship Applications**<br>Saint Louis Zoo Education Department<br>One Government Drive<br>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: |
| Phone Numbers: | Home: ( ) | Work: ( ) | Cell: ( ) |
| 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: CHILD'S INFORMATION

| | | | |
|---|---|---|---|
| First and Last Name: | Gender: M / F | Birth Date: | Grade Level (Fall 2013): |
| Relationship to the Head of Household listed (grandson, daughter, etc.): | | | |
| How should we refer to your child? He / She | Name for 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, asthma, ASD, susceptibility to nosebleeds, shortness of breath on exertion, bed-wetting, sleep-walking, dietary restrictions, etc.: | |
| Are there any accommodations you would like to request for your child (single stall restroom, language interpretation, etc.)? We will contact you if we are unable to meet your request. | |
| 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 3: TERMS AND CONDITIONS - A parent/legal guardian must sign for all participants ↓ ↓ ↓

| | |
|---|---|
| **Claims Release (Required for all participants)**<br>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/Legal Guardian Signature**<br>✎ |
| **Medical Consent (Required for all participants)**<br>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/Legal Guardian Signature**<br>✎ |

## STEP 4: 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: | Phone: ( ) | Alt. Phone: ( ) |
| Name: | Relationship: | Phone: ( ) | Alt. Phone: ( ) |

## STEP 5: MEDICAL INFORMATION

Family Physician _____
Address _____
Phone Number_____

Medical Insurance Carrier (Please write 'none' if uninsured.)
_____
Policy # _____
_____

## STEP 6: CHOOSE YOUR CAMP SESSION

***In the age appropriate section below, 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.***

### **Camp Joey FULL DAY** for students age 4 – entering Kg

Please Check one*:
- ❑ I will NEED a Full Scholarship. My child can NOT attend Camp Joey FULL DAY otherwise.
- ❑ I would like a Full Scholarship but will accept a Partial Scholarship and pay $120 for my child to attend.
- ❑ I only need a Partial Scholarship and will pay $120 for my child to attend.

FULL DAY (Monday-Friday, 8:30 a.m.-3:30 p.m.)
- ❑ June 17-21
- ❑ June 24-28
- ❑ July 8-12
- ❑ July 15-19
- ❑ July 22-26

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

### **Camp Joey HALF DAY** for students age 4 – entering Kg

Please Check one*:
- ❑ I will NEED a Full Scholarship. My child can NOT attend Camp Joey HALF DAY otherwise.
- ❑ I would like a Full Scholarship but will accept a Partial Scholarship and pay $80 for my child to attend.
- ❑ I only need a Partial Scholarship and will pay $80 for my child to attend.

HALF DAY (Monday-Friday, 8:30-11:30 a.m.)
- ❑ July 1-5
- ❑ July 29-August 2
- ❑ August 5-9

***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

KangaCare After care (Monday-Thursday) and KangaCare Friday are available for all of the weeks of Camp KangaZoo listed below. If selected for a scholarship, your child could be registered for either "Animals Clues & Codes" or "Animals in Action"

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 $100 for my child to attend.
- ❑ I only need a Partial Scholarship and will pay $100 for my child to attend.

MONDAY-THURSDAY (8:30 a.m. – 3:00 or 3:30 p.m.)
Plus THURSDAY OVERNIGHT (6:30 p.m. to 8:30 a.m.)
*(Except July 1 week, when Camp will meet Monday-Wednesday and on Friday. The overnight will be on Friday night.)*
- ❑ June 17-21
- ❑ June 24-28
- ❑ July 1-3,5-6
- ❑ July 8-12
- ❑ July 15-19
- ❑ July 22-26
- ❑ July 29-Aug 2
- ❑ August 5-9

***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

KangaCare After care (Monday-Thursday) and KangaCare Friday are available for all of the weeks of Camp KangaZoo listed below.

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 $105 for my child to attend.
- ❑ I only need a Partial Scholarship and will pay $105 for my child to attend.

MONDAY-THURSDAY (8:30 a.m. – 3:30 p.m.)
Plus THURSDAY OVERNIGHT (6:30 p.m. to 8:30 a.m.)
*(Except July 1 week, when Camp will meet Monday-Wednesday and on Friday. The overnight will be on Friday night.)*
- ❑ June 24-28
- ❑ July 1-3,5-6
- ❑ July 8-12
- ❑ July 15-19
- ❑ July 22-26
- ❑ July 29-Aug 2

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

## STEP 7: NEED AFTER-CARE? For students entering grade 1 – 9 (NOT available for Camp Joey)

**KangaCare <u>Aftercare</u>** *(offered Monday-Thursday except July 1 week, the schedule for aftercare will be Monday-Wednesday and Friday.)* If selected to receive KangaCare, we will care for your child until 6 p.m. Monday-Wednesday, and during the time between Camp and the Overnight at 6:30 p.m. (The overnight is on Thursday except July 1 week, when the overnight will be on Friday.) Your child must be picked up at 8:30 a.m. on the morning following the overnight unless also selected for KangaCare Friday (there will be no KangaCare on Saturday after the overnight on July 5). Please indicate below whether you need KangaCare for your child.

Please Check one:

❑ I NEED KangaCare (M-Th aftercare). My child can NOT attend Camp without it.

❑ I WANT KangaCare (M-Th aftercare). However, my child COULD attend Camp without it.

❑ I do not need KangaCare (M-Th aftercare).

**KangaCare Friday <u>Half Day or Full Day</u>** *(offered on Fridays except July 1 week, KangaCare Full Day will be available on Thursday, July 4.)* If selected to receive KangaCare Friday, we will care for your child after the overnight at 8:30 a.m. until 11:30am for the Half Day option or until that evening at 6 p.m. for the Full Day option. Lunch is provided for the Full Day option only. Please indicate below whether you need KangaCare Friday for your child.

Please Check one*****:

❑ I NEED KangaCare **Full Day**. My child can NOT attend Camp without it. IF accepted (availability is limited) I WILL be able to pay $40 for my child to attend.

❑ I WOULD LIKE KangaCare **Full Day** and IF accepted (availability is limited) I WILL be able to pay $40 for my child to attend.

❑ I WOULD LIKE KangaCare **Half Day** and IF accepted (availability is limited) I WILL be able to pay $12 for my child to attend.

❑ I do not need KangaCare Friday.

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

## STEP 8: 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 | TUESDAY | WEDNESDAY | THURSDAY |
|---|---|---|---|
| ❑ Cheese | ❑ Cheese | ❑ Cheese | ❑ Cheese |
| ❑ Peanut Butter & Jelly | ❑ Peanut Butter & Jelly | ❑ Peanut Butter & Jelly | ❑ Peanut Butter & Jelly |
| ❑ Turkey | ❑ Turkey | ❑ Turkey | ❑ Turkey |
| ❑ Turkey & Cheese | ❑ Turkey & Cheese | ❑ Turkey & Cheese | ❑ Turkey & Cheese |
| ❑ NO LUNCH | ❑ NO LUNCH | ❑ NO LUNCH | ❑ NO LUNCH |

## STEP 9: 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.

| | | |
|---|---|---|
| ❑ Youth X-Small (2-4) (**Camp Joey only**) | ❑ Youth Large (14-16) | ❑ Adult Large |
| ❑ Youth Small (6-8) | ❑ Adult Small | ❑ Adult X-Large |
| ❑ Youth Medium (10-12) | ❑ Adult Medium | ❑ Adult XX-Large |

## STEP 10: TO BE COMPLETED BY PARENT/GUARDIAN

**Scholarship recipients must be able and willing to:**

- Attend each day and participate in Camp activities
- Attend the overnight (Camp KangaZoo and Teen Camp only)
- Follow the Camp behavior guidelines
- Provide Transportation for the following times:

**Camp Joey**

*Daily Drop-off Monday - Friday 8:30 a.m.*
*Daily Pick-up Monday - Friday 11:30 a.m.(HALF Day) or 3:30 p.m. (FULL Day)*

**Camp KangaZoo and Teen Camp** Provide Transportation for the following times:

*Daily Drop-off Monday - Thursday 8:30 a.m. (Monday – Wednesday, Friday for July 1 week)*
*Daily Pick-up Monday - Thursday 3 p.m. or 3:30 p.m. (Monday – Wednesday, Friday for July 1 week)*
*OR Pick-up at 6 p.m. if in KangaCare (Monday-Wednesday)*
*Overnight Drop-off 6:30 p.m. and Pick-up 8:30 a.m. (6 p.m. if in KangaCare Friday FULL Day)*

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

Please Explain.

**STEP 11 (continued): TO BE COMPLETED BY PARENT/GUARDIAN**

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 example: 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 12: 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, troop/scout leader, religious leader, youth worker, etc.) who is not related to the applicant.

# Scholarship Recommendation Form
# Camp KangaZoo / Teen Camp / Camp Joey 2013

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-F either 8:30 – 11:30 am or 8:30 – 3:30 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?**



Saint Louis Zoo
Animals Always®

*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 campoffice@stlzoo.org by May 2. Thank you!**