

Give this form to a community leader (ie social worker, teacher, school principal, troop/scout leader, religious leader, employer, etc.) who is not related to the applicant and is aware of the financial situation.

Scholarship Recommendation Form Camp KangaZoo / Teen Camp / Camp Joey

Child's Name _____
(First) (Last)

Your Name _____
(First) (Last)

Agency or Organization (if applicable) _____

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

Phone (home) _____ (work) _____

What is your relationship to the applicant?

How long have you known the applicant?

Parental/guardian 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, unless also registered for before or after-care.
 - Camp Joey hours are M-F: 8:30 – 3:00 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 are 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. Attach additional pages as necessary.

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 email your recommendation to campoffice@stlzoo.org by April 25. Thank you!