



Summer 2022

Dear Scholarship Applicant,

Thanks to generous gifts from donors such as AFB International, the Kwame Family Foundation, the Nancy Galvin Education Scholarship Fund, Anna and James McKelvey, and Post Holdings, the Saint Louis Zoo is pleased to announce scholarship opportunities for our educational summer camp programs. These donors provide financial assistance for under-resourced students to attend Camp Joey, Camp KangaZoo, Teen Camp or Specialty Camp. Full 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 several of our Camp programs:

- Camp KangaZoo is a weeklong program for youth entering 1<sup>st</sup> – 6<sup>th</sup> grade (four days and one evening program). Funding is available to provide lunch and before and aftercare to scholarship recipients.
- Teen Camp is a similar program for youth entering 7<sup>th</sup> – 9<sup>th</sup> grade (four days and one overnight). Funding is available to provide lunch and before and aftercare to scholarship recipients.
- Specialty Camps (various topics) are four day, full day programs for youth entering 3<sup>rd</sup>-12<sup>th</sup> grades. Funding is available to provide lunch and aftercare to scholarship recipients.
- Camp Joey is a five day, full or half day program for preschoolers ages 4-entering Kg. Before and aftercare is not available for Camp Joey. Funding is available to provide lunch to scholarship recipients.

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 Scholarship:

1. Complete the Camp Scholarship Application:
  - a. Head of Household Information Form (1 per household - 3 pages)
  - b. Child Information and Health Form (1 for each child - 4 pages). 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](#), and either email directly to [campoffice@stlzoo.org](mailto:campoffice@stlzoo.org) or place it in a sealed envelope, sign it across the seal, and return it to you. Do not open the recommendation. This person could be a teacher, school principal, social service worker, religious leader, neighbor, etc. who knows your child and your financial situation. Only one completed recommendation form for each child is required, however additional recommendations are welcome. *Recommendations from relatives will not be accepted.*
3. Send your completed application forms **and** the sealed recommendation form (unless it was e-mailed) to the address on the application form. The application and recommendation form must be **received by May 2**.

If accepted for a full scholarship, you will receive a confirmation packet in the mail. If you have any questions contact the Education Department at (314) 646-4544, option #6.

Sincerely,

Eve Cooney  
Manager of Youth Programs

Send this Completed <b>Application Forms</b> and <b>Recommendation Form</b> by <u>May 2</u> to:	<b>Camp Scholarship Application</b> Saint Louis Zoo Education Department One Government Drive Saint Louis, MO 63110
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**STEP H1: HEAD OF HOUSEHOLD INFORMATION**

Head or Household / Parent or Guardian's Name:			
Street Address:		<input type="checkbox"/> 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 <input type="checkbox"/> 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 H2: HOUSEHOLD INFORMATION**

Are you a single parent/guardian? <input type="checkbox"/> yes <input type="checkbox"/> no
How many people are in your household (including yourself and any/all children)? Please Explain:

**STEP H3: TO BE COMPLETED BY PARENT/GUARDIAN**

1. What is your approximate family income per year? (Please check one below.)	2. How did you learn of this scholarship opportunity?
<input type="checkbox"/> I prefer not to say, and <b>will provide detailed information about my circumstances in Step H6 on Page 2.</b> <input type="checkbox"/> \$0-\$9,999 <input type="checkbox"/> \$55,000-\$59,999 <input type="checkbox"/> \$10,000-\$14,999 <input type="checkbox"/> \$60,000-\$64,999 <input type="checkbox"/> \$15,000-\$19,999 <input type="checkbox"/> \$65,000-\$69,999 <input type="checkbox"/> \$20,000-\$24,999 <input type="checkbox"/> \$70,000-\$74,999 <input type="checkbox"/> \$25,000-\$29,999 <input type="checkbox"/> \$75,000-\$79,999 <input type="checkbox"/> \$30,000-\$34,999 <input type="checkbox"/> \$80,000-\$84,999 <input type="checkbox"/> \$35,000-\$39,999 <input type="checkbox"/> \$85,000-\$89,999 <input type="checkbox"/> \$40,000-\$44,999 <input type="checkbox"/> \$90,000-\$99,999 <input type="checkbox"/> \$45,000-\$49,999 <input type="checkbox"/> \$100,000-\$149,999 <input type="checkbox"/> \$50,000-\$54,999 <input type="checkbox"/> \$150,000 or higher	<input type="checkbox"/> Dept of Children & Family Services <input type="checkbox"/> Friend or family member <input type="checkbox"/> School <input type="checkbox"/> Summer opportunities/camp fair <input type="checkbox"/> Zoo employee or volunteer <input type="checkbox"/> Zoo website <input type="checkbox"/> Other/Comments <u>(please specify below):</u>
	Organizations: <input type="checkbox"/> Blueprint4Summer STL <input type="checkbox"/> Bringing Families Together <input type="checkbox"/> East Saint Louis Housing Auth <input type="checkbox"/> L.E.A.D. Promising Youth <input type="checkbox"/> Midtown Community Services <input type="checkbox"/> Urban Strategies <input type="checkbox"/> Vitendo4Africa <input type="checkbox"/> Other organization <u>(please specify below):</u>

**STEP H4: LIST OF CHILDREN**

<ul style="list-style-type: none"> <li>Please list each child applying for a scholarship</li> <li>Complete a Child Information and Health form for each of these children.</li> </ul>				
CHILD'S LEGAL NAME	BIRTH DATE	GRADE (Fall 2022)	Office Use Only	
			C-App	R-Ltr
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**STEP H5: TO BE COMPLETED BY PARENT/GUARDIAN**

What assistance do you or any members of your household receive? (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> My family does not receive any assistance.   | <input type="checkbox"/> Recreation Council voucher/Easter Seals                       |
| <input type="checkbox"/> Assistance from religious organization<br>(i.e. your church, mosque, temple, etc.)           | <input type="checkbox"/> Social security   |
| <input type="checkbox"/> Daycare assistance/Subsidized daycare/Head Start   | <input type="checkbox"/> TANF (Temporary Assistance for Needy Families)                |
| <input type="checkbox"/> Disability benefits  | <input type="checkbox"/> Tuition assistance (for child <u>and/or</u> parent/guardians) |
| <input type="checkbox"/> Earned Income Tax Credit (EITC)  | <input type="checkbox"/> Unemployment benefits   |
| <input type="checkbox"/> Energy assistance/Heating assistance   | <input type="checkbox"/> Veterans benefits   |
| <input type="checkbox"/> Food stamps/EBT/Food bank/WIC/Meals on wheels  | <input type="checkbox"/> Weatherization assistance                                     |
| <input type="checkbox"/> Foster care/Adoption subsidy   | <input type="checkbox"/> Other ( <u>please specify below</u> ):                        |
| <input type="checkbox"/> Free or reduced school lunch   |  |
| <input type="checkbox"/> Housing assistance/Section 8/Rental<br>assistance/Public housing                             |  |
| <input type="checkbox"/> Medicaid/Medicare/Prescription drug assistance/CHIP<br>(Children's Health Insurance Program) |  |

**STEP H6: TO BE COMPLETED BY PARENT/GUARDIAN**Are you financially able to send your children to Camp without a scholarship?  yes  no

Please Explain. Attach additional pages if necessary.

**STEP H7: TO BE COMPLETED BY PARENT/GUARDIAN (continued)**
**Scholarship recipients must be able and willing to:**

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

**Camp Joey (age 4 – entering Kg) – KangaCare not available**
**FULL Day (M-Fr)**

*M-Fr Daily Drop-off 8:30 a.m.  
M-Fr Daily Pick-up 3 p.m.*

**HALF Day (M-Fr) - June 6 or 13 week**

*M-Fr Daily Drop-off 8:30 a.m.  
M-Fr Daily Pick-up 11:30 a.m.*

**Mini Week (Tu-F) – July 4 week**

*Tu-F Daily Drop-off 8:30 a.m.  
Tu-F Daily Pick-up 3 p.m.*

**Camp KangaZoo (entering 1<sup>st</sup>-6<sup>th</sup> grades)**

*M-Th Daily Drop-off 8:30 a.m.*

*M-Th Daily Pick-up 3 p.m.*

*Th Evening – Drop-off 6 p.m.*

*OR if registered in KangaCare AM Before Care – drop-off as early as 7 a.m.*

*OR if registered in KangaCare PM Aftercare - Pick-up between 4-6 p.m. (M-W) and No pick-up required on Thu afternoon, children may stay until the evening program*

*Th Pick-up at 10 p.m.*

**Teen Camp (entering 7<sup>th</sup>-9<sup>th</sup> grades)**

*M-Th Daily Drop-off 8:30 a.m.*

*M-Th Daily Pick-up 3 p.m.*

*Th Overnight – Drop-off 6:30 p.m.*

*OR if registered in KangaCare AM Before Care – drop-off as early as 7 a.m.*

*OR if registered in KangaCare PM Aftercare - Pick-up between 4-6 p.m. (M-W) and No pick-up required on Thu afternoon, children may stay until the overnight*

*Fri Pick-up at 8:30 a.m.*

**Specialty Camps (various topics/grades, see Step C9 for details)**

*M-Th Daily Drop-off 9 a.m.*

*M-Th Daily Pick-up 3:30 p.m.*

*NO Evening Program*

*KangaCare AM Before Care is NOT available*

*OR if registered in KangaCare PM Aftercare - Pick-up between 4-6 p.m.*

*NO Overnight*

Will you and your children be able to meet the above requirements?  yes  no

Please Explain:

**CHILD INFORMATION AND HEALTH FORM (Please complete a separate form for each child)**
**STEP C1: PARENT/GUARDIAN NAME & PHONE NUMBERS**

 Parent or  
Guardian's Name:

Phone Numbers:	Home ( )	Work ( )	Cell ( )
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**STEP C2: ADDITIONAL 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 C3: CHILD'S INFORMATION**

Legal First and Last Name:	Birth Date:	Grade Level (Fall 2022):
Preferred Name for nametag:	How should we refer to your child? He / She / _____	
Relationship to the Head of Household listed (grandson, daughter, etc.):		

**SO THAT WE MAY BETTER SERVE YOUR CHILD: *We may contact you for additional information.***

Please check all boxes below that apply to your child.	<input type="checkbox"/> I would like information about inclusion services
<input type="checkbox"/> Asthma <input type="checkbox"/> Shortness of Breath on Exertion <input type="checkbox"/> Heat Sensitive	<input type="checkbox"/> Nosebleeds <input type="checkbox"/> Bedwetting <input type="checkbox"/> Sleepwalking
<input type="checkbox"/> Anxiety <input type="checkbox"/> ASD or PDD NOS <input type="checkbox"/> ADD or ADHD	<input type="checkbox"/> Cannot speak conversational English <input type="checkbox"/> Other _____

Please list child's allergies:	Food allergies
	Other allergies

Will your child bring an EpiPen® or other epinephrine auto-injector? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you selected "Yes," you must complete the <a href="#">FARE form</a> (Food Allergy and Anaphylaxis Emergency Care Plan). A physician's signature is required on this form.
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Will your child need to take medication during Zoo program hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	If you selected "Yes," you must complete the Zoo's <a href="#">medication form</a> for prescribed and over-the-counter medications, which can be found on the Zoo's website. Trained Zoo personnel will only administer medication in an emergency situation.
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Please specify all medications that your child will be using before or during the program.

Are there any accommodations you would like to request for your child (*gender neutral restroom, 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.

**STEP C4: TERMS AND CONDITIONS - A parent/legal guardian must sign for all participants**

**Claims Release** 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 have read all the COVID-19 guidelines and agree that myself and all of my family members are in compliance. 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.

**The following applies for In-Person Programs:**  
Although safety precautions as to your visit are taken by the Saint Louis Zoo, every visitor/program participant is responsible for his or her personal safety and that of children or others under their supervision. In consideration of access to the Zoo, visitors/program participants:

(a) agree to comply with Zoo policies and instructions, including those on signage  
 (b) understand and agree that the novel coronavirus, COVID-19, has recently infected individuals in the St. Louis area, that it is contagious and that it can spread to persons in any number of ways  
 (c) agree that they assume responsibility for any injury (including personal injury, disability or death), illness, damage, loss claim, liability, or expense arising out of or related to COVID-19 experienced or contracted in connection with a Zoo visit/program  
 (d) that they waive and release all claims against the Zoo and its commissioners, officers, employees, volunteers and agents relative to the foregoing matters and  
 (e) that they agree that the Zoo is legally entitled to sovereign immunity regarding to any such claims.

**Medical Consent** 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

**STEP C5: TO BE COMPLETED BY PARENT/GUARDIAN**

Has this child previously received a Saint Louis Zoo Camp Scholarship? <input type="checkbox"/> yes <input type="checkbox"/> no	Has this child previously attended a Camp Program (Joey, KangaZoo, Teen, or Specialty)? <input type="checkbox"/> yes <input type="checkbox"/> no
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Please explain how this child would benefit from attending our Camp program. Attach additional pages if necessary.

**STEP C6: CHOOSE YOUR SHIRT SIZE**

- |   |  |  |
|---|--|--|
| <ul style="list-style-type: none"> <li><i>Please select the participant's shirt size (youth sizes run small).</i></li> <li><i>Camp Joey shirts are available in youth sizes only.</i></li> <li><i>NO shirts are provided for Specialty Camps</i></li> </ul> | <input type="checkbox"/> Youth X-Small (2-4) (Camp Joey Only)<br><input type="checkbox"/> Youth Small (6-8)<br><input type="checkbox"/> Youth Medium (10-12)<br><input type="checkbox"/> Youth Large (14-16) | <input type="checkbox"/> Adult Small<br><input type="checkbox"/> Adult Medium<br><input type="checkbox"/> Adult Large<br><input type="checkbox"/> Adult X-Large<br><input type="checkbox"/> Adult XX-Large |
|---|--|--|

**STEP C7: CHOOSE YOUR LUNCH**

**Please note: for the safety of other campers, we may replace Peanut Butter with Sunflower Butter at our discretion.**

We are able to offer lunch to 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" if you will be sending lunch from home.**

**Please list all food allergies in Step C2 on Page 1.**

<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u> <i>(Camp Joey only)</i>
<input type="checkbox"/> Cheese <input type="checkbox"/> Peanut Butter & Jelly <input type="checkbox"/> Turkey <input type="checkbox"/> Turkey & Cheese <input type="checkbox"/> NO ZOO LUNCH, will bring from home	<input type="checkbox"/> Cheese <input type="checkbox"/> Peanut Butter & Jelly <input type="checkbox"/> Turkey <input type="checkbox"/> Turkey & Cheese <input type="checkbox"/> NO ZOO LUNCH, will bring from home	<input type="checkbox"/> Cheese <input type="checkbox"/> Peanut Butter & Jelly <input type="checkbox"/> Turkey <input type="checkbox"/> Turkey & Cheese <input type="checkbox"/> NO ZOO LUNCH, will bring from home	<input type="checkbox"/> Cheese <input type="checkbox"/> Peanut Butter & Jelly <input type="checkbox"/> Turkey <input type="checkbox"/> Turkey & Cheese <input type="checkbox"/> NO ZOO LUNCH, will bring from home	<input type="checkbox"/> Cheese <input type="checkbox"/> Peanut Butter & Jelly <input type="checkbox"/> Turkey <input type="checkbox"/> Turkey & Cheese <input type="checkbox"/> NO ZOO LUNCH, will bring from home

**STEP C8: CHOOSE YOUR CAMP SESSION(S)**

This child is applying for (choose below):

<input type="checkbox"/> <b>Camp Joey Scholarship</b>	For students age 4 – entering Kg who can use the restroom independently FULL DAY M-Fr (8:30 a.m.-3 p.m.) HALF-DAY Jun 6 or 13 Week only: M-Fr (8:30-11:30 a.m.) MINI-WEEK Jul 4 Week only: Tu-F (8:30 a.m.-3 p.m.)
<input type="checkbox"/> <b>Camp KangaZoo Scholarship</b>	For students entering 1 <sup>st</sup> -6 <sup>th</sup> grades M-Th (8:30 a.m.-3 p.m.) and Th Evening (6-10 p.m.)
<input type="checkbox"/> <b>Teen Camp Scholarship</b>	For students entering 7 <sup>th</sup> -9 <sup>th</sup> grades M-Th (8:30 a.m.-3:30 p.m.) and Th Overnight (6:30 p.m.-8:30 a.m.)
<input type="checkbox"/> <b>Specialty Camp Scholarship</b>	(various topics/grades) M-Th (9 a.m.-3:30 p.m.) and NO Overnight/NO Evening

**STEP C9: INDICATE YOUR CHILD’S CAMP AVAILABILITY**

*PLEASE NOTE: If awarded a scholarship, Camper will only be registered for **one** week of Camp.  
You will be notified in May of your application status.*

<b>Indicate in order of preference:</b>	In the spaces below, check (“X” or “✓”) <b>all</b> weeks your child is available to attend OR number in order of preference (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , etc). If the child is unavailable, leave that week blank.									
<b>Week of</b>	<b>Jun 6</b>	<b>Jun 13</b>	<b>Jun 20</b>	<b>Jun 27</b>	<b>Jul 4</b>	<b>Jul 11</b>	<b>Jul 18</b>	<b>Jul 25</b>	<b>Aug 1</b>	<b>Aug 8</b>
<b>Camp Joey</b> Age 4 – entering Kg										
<b>Camp KangaZoo</b> Entering 1 <sup>st</sup> -6 <sup>th</sup> grades	Joey-Half Day	Joey-Half Day			Joey-Mini Week					
<b>Teen Camp</b> Entering 7 <sup>th</sup> -9 <sup>th</sup> grades										
<b>Specialty Camps</b> (various topics)	Jun 6	Jun 13	Jun 20	Jun 27	Jul 4	Jul 11	Jul 18	Jul 25	Aug 1	Aug 8
<b>Carnivore</b> Entering 3 <sup>rd</sup> -5 <sup>th</sup>										
<b>Animals: Prehistoric to Present</b> Entering 3 <sup>rd</sup> -5 <sup>th</sup>										
<b>Swinging into Primatology</b> Entering 6 <sup>th</sup> -8 <sup>th</sup>										
<b>Junior Marine Biologist</b> Entering 6 <sup>th</sup> -8 <sup>th</sup>										
<b>Senior Marine Biologist</b> Entering 7 <sup>th</sup> -9 <sup>th</sup> <i>Recommended: Previous participation in Junior Marine Biologist</i>										
<b>Conservation Careers</b> Entering 9-12 <sup>th</sup>										

**STEP C10: INDICATE YOUR CHILD’S EXTENDED CARE NEEDS**

Extended Care is NOT Available for Camp Joey.

<b>KangaCare Options</b> Entering 1 <sup>st</sup> -12 <sup>th</sup> grades Availability is limited. <b>Not Available for Camp Joey</b>	<b>KangaCare AM:</b> <b>Not Available for Specialty Camps</b>	Care for your child as early as 7 a.m. until the start of Camp KangaZoo/Teen Camp at 8:30 a.m.
	<b>KangaCare PM:</b>	Teen Camp - Care until 6 p.m. M-W, and during time after Camp until Th overnight at 6:30 p.m. Or Care until 6 p.m. M-Th for Camp KangaZoo or Specialty Camps.
<b>For each week, indicate your needs for extended care:</b>	<ul style="list-style-type: none"> <li>• <b>NEED</b> this, and my child can NOT attend Camp without this option</li> <li>• <b>WOULD LIKE</b> this, however my child COULD attend Camp without this option</li> <li>• <b>DO NOT NEED</b> this option</li> </ul>	

<b>Week of</b>		<b>Jun 6</b>	<b>Jun 13</b>	<b>Jun 20</b>	<b>Jun 27</b>	<b>Jul 4</b>	<b>Jul 11</b>	<b>Jul 18</b>	<b>Jul 25</b>	<b>Aug 1</b>	<b>Aug 8</b>
<b>KangaCare AM</b> No charge if awarded \$25 Per Child to add this option if not awarded	Need		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Would like		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do not need		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>KangaCare PM</b> No charge if awarded \$70 Per Child to add this option if not awarded	Need		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Would like		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Do not need		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STEP C11: TO BE COMPLETED BY CHILD** (with help from the parent/guardian if necessary).

Use the space below to tell us *in your own words* why you would like to attend our Camp program. You can write and/or draw. Attach additional pages if necessary.

Child Signature \_\_\_\_\_ Date \_\_\_\_\_