



Saint Louis Zoo

Animals Always®

Summer 2019

Dear Scholarship Applicant,

Thanks to generous gifts from Joyce & Michael Bytnar, the Engelhardt Family Foundation, First Bank, Inc., Harris Frank, the Walter and Nancy Galvin Education Scholarship Fund, Post Holdings and Kevin Travers, and other donors, 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 several 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, 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 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 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 April 25**.

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 questions contact the Education Department at (314) 646-4544, option #6.

Sincerely,

Eve Cooney
Manager of Youth Programs

Lawrence Weingarten
Youth Programs Unit Administrative Assistant

Send this Completed Application Forms and Recommendation Form by <u>April 25</u> to:	Camp Scholarship Application 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.) <input type="checkbox"/> I prefer not to say, and will provide detailed information about my circumstances in Step H6 on Page 2. <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	2. How did you learn of this scholarship opportunity? <input type="checkbox"/> Dept of Children & Family Services <input type="checkbox"/> Friend or family member <input type="checkbox"/> Summer opportunities/camp fair <input type="checkbox"/> Teacher, principal, or school counselor <input type="checkbox"/> Zoo employee or volunteer <input type="checkbox"/> Zoo website <input type="checkbox"/> Other/Comments (please specify below): <div style="margin-left: 20px;"> <input type="checkbox"/> Organizations: <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"/> Other organization (please specify below): </div>
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STEP H4: LIST OF CHILDREN

<ul style="list-style-type: none"> Please list each child applying for a scholarship Complete a Child Information and Health form for each of these children. 				
CHILD'S LEGAL NAME	BIRTH DATE	GRADE (Fall 2019)	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
(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
assistance/Public housing | |
| <input type="checkbox"/> Medicaid/Medicare/Prescription drug assistance/CHIP
(Children's Health Insurance Program) | |

STEP H6: TO BE COMPLETED BY PARENT/GUARDIANAre 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 overnight (Camp KangaZoo and 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 am
M-Fr Daily Pick-up 3:00 pm

HALF Day (M-Fr) - June 10 week

M-Fr Daily Drop-off 8:30 am
M-Fr Daily Pick-up 11:30 am

Mini Week (M-W) - July 1 week

M-W Daily Drop-off 8:30 am
M-W Daily Pick-up 3:00 pm

Camp KangaZoo (entering 1st-6th grades) and Teen Camp (entering 7th-9th grades) except special weeks as listed below

M-Th Daily Drop-off 8:30 am

OR if registered in KangaCare AM Before Care – drop-off as early as 7:00 am

M-Th Daily Pick-up 3:00 pm, or 3:30 pm

OR if registered in KangaCare PM Aftercare - Pick-up between 4:00-6:00 pm (M-W) and No pick-up required on Thu afternoon, children may stay until the overnight

Th Overnight – Drop-off 6:30 pm
Fri Pick-up at 8:30 am

OR if registered in KangaCare Friday HALF Day – Pick-up by 11:30 am

OR if registered in KangaCare Friday FULL Day – Pick-up by 6:00 pm

Camp KangaZoo (entering 1st-6th grades) Mini Week (3 days) – July 1 week only

M-W Daily Drop-off 8:30 am

OR if registered in KangaCare AM Before Care – drop-off as early as 7:00 am

M-W Daily Pick-up 3:00 pm

OR if registered in KangaCare PM Aftercare - Pick-up between 4:00-6:00 pm

NO Overnight

Camp KangaZoo (entering 1st-6th grades) Day Camp Only Week (5 days, NO overnight) – July 15 week only

M-Fr Daily Drop-off 8:30 am

OR if registered in KangaCare AM Before Care – drop-off as early as 7:00 am

M-Fr Daily Pick-up 3:30 pm

OR if registered in KangaCare PM Aftercare - Pick-up between 4:00-6:00 pm

NO Overnight

Teen Camp (entering 7th-9th grades) – July 1 week only

M-W & Fr Daily Drop-off 8:30 am

OR if registered in KangaCare AM Before Care – drop-off as early as 7:00 am

M-W & Fr Daily Pick-up 3:30 pm

OR if registered in KangaCare PM Aftercare - Pick-up between 4:00-6:00 pm (M-W) and No pick-up required on Fr afternoon, children may stay until the overnight

Fr Overnight – Drop-off 6:30 pm
Sat Pick-up at 8:30 am

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: CHILD'S INFORMATION

Legal First and Last Name:	Birth Date:	Grade Level (Fall 2019):
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Preferred Name for nametag:	How should we refer to your child? He / She / _____
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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.

 I would like information about inclusion services

- | | | | |
|--|---------------------------------------|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Nosebleeds | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Cannot speak conversational English |
| <input type="checkbox"/> Shortness of Breath on Exertion | <input type="checkbox"/> Bedwetting | <input type="checkbox"/> ASD or PDD NOS | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Heat Sensitive | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> ADD or ADHD | |

Please list child's allergies:

 Food allergies
Other allergies

 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.

 Will your child need to take medication during Zoo program hours? Yes No

 If you selected 'Yes', you must complete the Zoo's [medication form](#) 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.

Please specify all medications that your child will be using before or during the program.

STEP C3: 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.

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/Legal Guardian Signature

STEP C4: 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 C5: TO BE COMPLETED BY PARENT/GUARDIAN

 Has this child previously received a Saint Louis Zoo Camp Scholarship?
 yes
 no

 Has this child previously attended Camp Joey, Camp KangaZoo, or Teen Camp?
 yes
 no

Please explain how this child would benefit from attending our Camp program. Attach additional pages if necessary.

STEP C6: CHOOSE YOUR SHIRT SIZE

- Please select the participant's shirt size (youth sizes run small).
- Camp Joey shirts are available in youth sizes only.

-
- Youth X-Small (2-4) (Camp Joey Only)
-
-
- Youth Small (6-8)
-
-
- Youth Medium (10-12)
-
-
- Youth Large (14-16)

-
- Adult Small
-
-
- Adult Medium
-
-
- Adult Large
-
-
- Adult X-Large
-
-
- Adult XX-Large

STEP C7: CHOOSE YOUR LUNCH FOR CAMP KANGAZOO/TEEN CAMP

Lunch options are NOT available for Camp Joey.

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.

MONDAY

-
- Cheese
-
-
- Peanut Butter & Jelly
-
-
- Turkey
-
-
- Turkey & Cheese
-
-
- NO LUNCH

TUESDAY

-
- Cheese
-
-
- Peanut Butter & Jelly
-
-
- Turkey
-
-
- Turkey & Cheese
-
-
- NO LUNCH

WEDNESDAY

-
- Cheese
-
-
- Peanut Butter & Jelly
-
-
- Turkey
-
-
- Turkey & Cheese
-
-
- NO LUNCH

THURSDAY

-
- Cheese
-
-
- Peanut Butter & Jelly
-
-
- Turkey
-
-
- Turkey & Cheese
-
-
- NO LUNCH

FRIDAY (7/15 Week-5 day Camp KangaZoo only)

-
- Cheese
-
-
- Peanut Butter & Jelly
-
-
- Turkey
-
-
- Turkey & Cheese
-
-
- NO LUNCH

STEP C8: CHOOSE YOUR CAMP SESSION		Please Check One:
Camp Joey for students age 4 – entering Kg who can use the restroom independently FULL DAY M-Fr (8:30 am-3:00 pm) HALF-DAY M-Fr June 10 Week only: June 10-14 (8:30-11:30 am) MINI-WEEK M-W July 1 Week Only: July 1-3 (8:30 am-3:00 pm)	<input type="checkbox"/> I NEED a Full Scholarship. My child CANNOT attend Camp Joey otherwise. <input type="checkbox"/> I only need a Partial Scholarship and will pay \$135 for my child to attend. <i>Reduced to \$95 for Jun 10 week only. Reduced to \$85 for July 1 week only.</i>	
Camp KangaZoo for students entering grades 1-6 M-Th (8:30 am-3:00 or 3:30 pm) and Th Overnight (6:30 pm-8:30 am) MINI-WEEK M-W (8:30 am-3:00 pm) Jul 1 Week Only: Jul 1-3-NO Overnight Alternate M-Fr (8:30 am-3:30 pm) Jul 15 Week Only: Jul 15-19-NO Overnight	<input type="checkbox"/> I NEED a Full Scholarship. My child CANNOT attend Camp KangaZoo otherwise. <input type="checkbox"/> I only need a Partial Scholarship and will pay \$110 for my child to attend. <i>Reduced to \$70 for July 1 week only.</i>	
Teen Camp for students entering grades 7-9 M-Th (8:30 am-3:30 pm) and Th Overnight (6:30 pm-8:30 am) M-W & Fr (8:30 am-3:30 pm) July 1 Week Only: July 1-3 & 5 and Fr Overnight (6:30 pm-8:30 am)	<input type="checkbox"/> I NEED a Full Scholarship. My child CANNOT attend Teen Camp otherwise. <input type="checkbox"/> I only need a Partial Scholarship and will pay \$117 for my child to attend.	

STEP C9: INDICATE YOUR CHILD'S AVAILABILITY & EXTENDED CARE NEEDS

Indicate in order of preference (1 st , 2 nd , 3 rd , etc) <u>all</u> weeks your child is available to attend. If child is unavailable, leave that week blank.				For each week, indicate for each extended care program your need: • NEED this, and my child can NOT attend Camp without it • WOULD LIKE this, however my child COULD attend Camp without it • DO NOT NEED this option											
PLEASE NOTE: If awarded a scholarship, Camper will only be registered for one week of Camp.				Before and After Care Entering Grades 1-9						KangaCare Friday Extension Entering Grades 1-9					
Week	Camp Joey Age 4 – entering Kg	Camp KangaZoo Entering 1-6 grades	Teen Camp Entering 7-9 grades	** KangaCare AM \$25 Per Child (unless listed below) <i>Not Available for Camp Joey</i>			KangaCare PM No charge if accepted <i>Not Available for Camp Joey</i>			** HALF Day \$15 Per Child <i>Not Available for Camp Joey</i>			** FULL Day \$40 Per Child <i>Not Available for Camp Joey</i>		
				Need	Would Like	Do Not Need	Need	Would Like	Do Not Need	Need	Would Like	Do Not Need	Need	Would Like	Do Not Need
** Indicates that scholarship funds are NOT available for this option, and availability is limited. If awarded, you agree to pay the fee per child. Do NOT send payment now. You will be notified in May of your application status.															
KangaCare AM: Care for your child as early as 7:00 am until the start of Camp at 8:30 am, M-Th. KangaCare PM: Care until 6:00 pm M-W, and during time after Camp until Th overnight at 6:30 pm. Fri HALF Day: Care after the overnight at 8:30 am Fri until 11:30 am. NO lunch provided. Fri FULL Day: Care after the overnight at 8:30 am Fri until 6:00 pm. Lunch IS provided.															
Jun 10-14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jun 17-21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jun 24-28	<input type="checkbox"/>	<input type="checkbox"/>	Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 1-3 M-W	<input type="checkbox"/>	<input type="checkbox"/>	Mini Week No Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Available			Not Available		
Jul 1-6 M-W & F	<input type="checkbox"/>	<input type="checkbox"/>	Fri Overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Available			Not Available		
Jul 8-12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 15-19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 15-19 (alternate week)	<input type="checkbox"/>	<input type="checkbox"/>	5 days No overnight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not Applicable			Not Applicable		
Jul 22-26	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jul 29 - Aug 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aug 5-9	<input type="checkbox"/>	<input type="checkbox"/>	Not Available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 C10: 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 _____