



# *Scholarship Application*

*For ZOOMobile*

Cheyenne Mountain Zoo has a limited amount of scholarship funds available for our ZOOMobile Animal Outreach program. Please note, in many cases the award will be smaller than the amount requested so we can accommodate a greater number of requests. **To apply, please fill out this application completely and detail information to the best of your ability.**

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email address of contact person: \_\_\_\_\_

School or Organization Name: \_\_\_\_\_ School District: \_\_\_\_\_

Program location address: \_\_\_\_\_

Name of person requesting program (if different from contact): \_\_\_\_\_

School Information: Please list your school's qualified Title I programs:

**Program Request:** Please complete the following information to the best of your ability so that we can completely understand your request.

**Has your school or organization hosted a ZOOMobile Outreach Program in the past year?**      YES      NO

If yes, please list the date of the program: \_\_\_\_\_

Requested Program Topic: (Please see website) \_\_\_\_\_ Grade/ Age Group: \_\_\_\_\_

Number of Total Participants: \_\_\_\_\_

**Please list your top choices of dates for your ZOOMobile visit to you:**

Program Schedule Preference	Month	Day of the Week	Time of Day
<b>1<sup>st</sup> Choice</b>			
<b>2<sup>nd</sup> Choice</b>			
<b>3<sup>rd</sup> Choice</b>			



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## SCHOOLS

**Classroom Program Rate:** \$160.75 for first program, \$75.75 for each consecutive program.  
**Semi-Assembly Program Rate:** \$215.75 for first program, \$150.75 for each consecutive program.  
**Assembly Program Rate:** \$300.75 for first program, \$200.75 for each consecutive program.

School Scholarship Amount Requested: \_\_\_\_\_

What portion are you willing to pay? \_\_\_\_\_

## NON-SCHOOL ORGANIZATIONS

If you are requesting a program for an organization, please select or circle the appropriate type of organization:

**Nursing Home/Senior Center**

**Charitable Non-profit**

**Community Center**

Other (Please describe): \_\_\_\_\_

- **Adult Care Facility Rate:** \$160.75 for first program, \$75.75 for each consecutive program.

Adult Care Facility Scholarship Amount Requested: \_\_\_\_\_

What portion are you willing to pay? \_\_\_\_\_

- **Community Group rate:** \$215.75 per program.

Community Scholarship Amount Requested: \_\_\_\_\_

What portion are you willing to pay? \_\_\_\_\_

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**ALL APPLICANTS:** Please write a brief summary of your expectations for this program and how it will enhance the experience of your participants. Schools should indicate what state standards they are hoping to emphasize and how this program will fit into your current lessons. (More detailed information gives us a better perspective of how we can best serve you) You may attach a second page if necessary.

**Once completed, please return to Education Department:**

Email: [edprograms@cmzoo.org](mailto:edprograms@cmzoo.org)

Fax: (719) 633-2254

Mail: ATTN: ZOOMobile, 4250 Cheyenne Mountain Zoo Rd, Colorado Springs, CO 80906