



Cheyenne Mountain Zoo: Summer Camp Scholarship Application



Please read this application packet in its entirety if you are seeking scholarship funds for Summer Camp. Incomplete applications will not be considered.

Scholarships are limited; an application submission does not guarantee funds for Summer Camp.

Due to limited funds, families may request funds for only one week of camp per child.

The objective of the scholarship program is to provide children the opportunity to participate in one week of Summer Camp at a lower cost based on the family's financial need and the child's interest in attending camp.

To be considered for a scholarship, the following forms must be submitted:

1. The scholarship application filled out and signed by parent/guardian.
2. The parent's/guardian's submission of request.
3. The child's submission of request, completed by the child applying for scholarship funds.

The submitted application will be reviewed and the information provided in the application will be kept strictly confidential. Incomplete or dishonest applications will not be considered for scholarship funds. Cheyenne Mountain Zoo reserves the right to approve or deny funding to anyone.

All scholarship applications must be received **BEFORE APRIL 30th**.

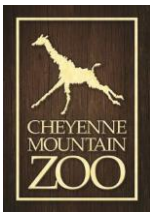
Please email application to edprograms.org, or mail it to:

*Cheyenne Mountain Zoo
Attn: Summer Camp Scholarships
4250 Cheyenne Mountain Zoo Road
Colorado Springs, CO 80906*

Questions? Please contact edprograms@cmzoo.org or call (719) 424-7816.

Scholarships will be awarded no later than May 1st.

Updated January 2018



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Application Part 1 (To be completed by parent/guardian)

Child's Information:

Name: _____

Age _____ Birthday _____ Highest Grade Level Completed _____

Family Information:

Parent/Guardian: _____

Home Phone _____ Zoo member? _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Legal Guardian Occupation _____ Employer _____

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Statement of Need:

If applicable, please indicate the criteria which qualify the family to request funding:

- Participation in the Federal Free or Reduced Lunch program
- Receives Temporary Assistance for Needy Families (TANF)
- Receives either Medicare or Medicaid
- Participates in another government financial aid program (please state below):

Camp Program Information:

****Families are asked to contribute partial camp payments as we are unable to award full scholarships.****

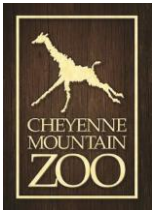
Which week and camp theme are you interested in? Week (dates): _____

Camp Theme/Name of Camp: _____

Total cost of camp \$ _____

Amount family can pay \$ - _____

Total amount requested \$ _____ (camp total minus amount family can pay)



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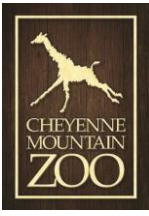
Application Part 2 *(To be completed by parent/guardian)*

Please explain, in 500 words or less, why you are seeking financial assistance. Information including number of family members in the household who receive financial support, the number of children in college, special circumstances such as high medical bills or unemployment, or any other pertinent information may be helpful. All information provided will be kept in the strictest confidentiality.

Print or type in the space below or in an attached letter.

I attest that all information contained in this application is true and complete to the best of my knowledge.

Signature of Parent or Guardian Date



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Application Part 3 *(To be completed by the child)*

Cheyenne Mountain Zoo Summer Camp includes many exciting experiences for kids of all ages. Please share why you want to come to Summer Zoo Camp.

Please print or type in the space below or in an attached letter. You may also include drawings, photos, stories, or artwork to help show your interest.

Drawing Space:

I attest that all information contained in this application is true and complete to the best of my knowledge.

Signature of child

Date