



Zoo Miami Camp 2017-18 Scholarship Information



Zoo Miami Foundation offers financial assistance for children to attend Zoo Miami Camps. Scholarships are awarded on a competitive basis of financial need and interest in environmental conservation. Families are responsible for transportation to and from the Zoo.

You may apply for any given session(s) with meal plan and optional extended care included. You may submit the same application for multiple sessions. ***Please note the due date for each session.*** Camp sessions are provided based on eligibility. All registration fees will be covered for scholarship recipients.

🐾 Applications **MUST BE EMAILED OR POSTMARKED** by:

- Fall Mini Camps: **Sep 1 2017**
- Winter Camp (Week 1 & 2): **Dec 1 2017**
- Spring Mini Camps: **Jan 5 2018**
- Spring Camp (Week 1): **Mar 2 2018**

🐾 You will be notified by email **one week after the due date** if you have or have not been awarded a scholarship. Applicants do not need to email or call Zoo Miami Foundation in regards to the status of their application.

🐾 **Please note:** Incomplete, late, or faxed applications will not be reviewed.

HOW TO APPLY FOR A SCHOLARSHIP:

Please fill out the Application Form with financial information, a description on how the child would benefit from attending Zoo Camp, indicating the camp you are applying for and the medical form. All information is kept confidential.

Email Application Form to education@zoomiami.org with *Camp Scholarship* in the subject line.

or

Mail Application Form to:

Zoo Miami Foundation
Attn: Camp Scholarships
12400 SW 152 Street
Miami, Florida 33177-1499



Zoo Miami Camp 2017-18 Scholarship Application Form



Please print clearly

Child's First Name: _____ **Last Name:** _____

Birth date: _____ **Age:** _____ **M**__ **F**__

Address: _____ **City:** _____ **Zip code:** _____

Race: Asian Black or African American American Indian or Alaskan
 Pacific Islander White Other Multiracial

Name(s) Parent/Guardian

First _____ Last _____ Phone _____ Email _____

First _____ Last _____ Phone _____ Email _____

Additional Authorized Persons: Pickup only

First _____ Last _____

First _____ Last _____

First _____ Last _____

First _____ Last _____

<p>CAMP SESSIONS:</p> <p>Please check which session(s) you are applying for</p> <p>___ Fall Mini Camps (9/21, 10/2, 10/27, 11/10 & 11/22)</p> <p>___ Winter Camp Week 1 (12/26 – 12/29)</p> <p>___ Winter Camp Week 2 (1/2 - 1/5)</p> <p>___ Spring Mini Camps (1/15, 1/19, 2/19, 3/23 & 4/20)</p> <p>___ Spring Camp Week 1 (3/26 – 3/30)</p>

Describe the camper(s) interest in environmental conservation and how they would benefit from camp:

Parents and camper grantees will also be asked to participate in a Client Satisfaction Survey at the end of the program. Names will be kept confidential.



Zoo Miami Camp Scholarship Application



Income and Employment Information

Head of Household: _____

Employer's Name: _____

Employer's Address: _____

Employer's Number: _____ Gross Annual Income 2016: _____

Marital Status: ___ Single ___ Married ___ Divorced ___ Widowed

Spouse: _____

Employer's Name: _____

Employer's Address: _____

Employer's Number: _____ Gross Annual Income 2016: _____

Total Gross Annual Household Income: _____

Does the applicant receive or does he/she qualify for free/reduced meals at school? Yes ___ No ___

Please submit the documents as specified below and indicate the type of documentation attached to this application:

A photocopy of the prior year income tax return (1040)

AND

One of the following:

Two (2) most recent pay stubs/checks for each employer listed above **OR:**

Proof of unemployment benefits, Social Security Income, Supplemental Security Income, Medicaid Card, and/or Food Stamps

What else, if anything, would you like the Scholarship Awards Committee to know?

Zoo Miami Camp Scholarship Information



WAIVER: I (print name) _____, parent/legal guardian of the camper give permission for my child to participate in the Zoo Miami Foundation (ZMF) camp program. Neither the ZMF or Zoo Miami (ZM), Miami-Dade County (MDC) or their employees will be liable for any camper for injury or damage to any person or property arising out of the use of ZM facilities during this program. All participants and chaperones agree to waive any and all claims against the ZMF, ZM, MDC or its employees arising from the child's participation in this program and presence at Zoo Miami. I have read the registration and medical sections and have supplied accurate information and I can be reached at the numbers listed above. I authorize ZMF to transport and/or obtain medical services for my child if necessary.

Signature of Parent/ Guardian: _____ **Date:** _____

Photo policy: Visitors to Zoo Miami may be photographed or videotaped during their visit. Their likeness may be used for marketing, advertising or public relations purposes without compensation.

I hereby attest that to the best of our knowledge, the information provided on this form is true, complete and accurately reflects the income of all persons living in our household. I further hereby give approval to the Zoo Miami Foundation (ZMF) to contact the employers listed for verification purposes.

The ZMF reserves the right to require additional documentation when deemed appropriate. This application is valid for the current school calendar year.

I realize that scholarships are subject to funds available and that awards will be made in an equitable fashion at the discretion of the Zoo Miami Foundation Scholarship Awards Committee.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Name (Please print)

All information will be kept confidential.

CHILD'S MEDICAL INFORMATION

Allergies: YES ___ NO ___ **Medical conditions:** YES ___ NO ___

Medications: YES ___ NO ___ **Disabilities:** YES ___ NO ___

If yes, please select primary disability type: (Mark all that apply)

- Physical Disability or Impairment Medical Condition or Illness Hearing Impairment or Deaf
- Visual Impairment or Blind Speech or Language Condition Speech or Language Condition
- Autism Spectrum Disorder Development Delay Learning Disability ADHD/ADD
- Depression or Anxiety Aggression Intellectual/Developmental Disability

The **Medical Form** must be filled out and submitted with this **Registration Form**. If medications need to be dispensed by Camp Staff, an **Authorization to Dispense Medication** form (below) is required.

We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...

What are the main ways your child communicates? (Mark all that apply)

- Speaks and is easily understood Uses communication devices like pictures or a board
- Speaks but is difficult to understand Uses gestures like pointing, pulling or blinking
- Uses sign language Uses sounds that are not words like crying or grunting

What, if any, help does your child receive at this time? (Mark all that apply)

- Speech/language therapy Special education services in school
- Occupational therapy (OT) Behavioral therapy or services
- Physical therapy (PT) Counseling for emotional concerns
- Daily medication (not including vitamins) None

What conditions does your child have that are expected to last for a year or more? (Mark all that apply)

- Physical disability or impairment Developmental delay (only if under age 5)
- Medical condition or illness Learning disability (school-age)
- Hearing impairment or deaf Problems with attention or hyperactivity (ADHD)
- Visual impairment or blind Problems with depression or anxiety
- Speech or language condition Problems with aggression or temper
- Autism spectrum disorder Intellectual/developmental disability (over age 5)
- None of the above

Zoo Miami Camp
MEDICAL FORM

Submit this form with the Registration Form above

Use additional **Authorization to Dispense Medication(s)** if needed.

Medical Information

Child's name: _____ **Age** _____

Physician's name: _____

Phone: _____

Allergies: _____

Health condition(s): _____

Medications: _____

Zoo Miami Foundation
12400 SW 152 Street, Miami, Florida 33177

Zoo Miami Camp

AUTHORIZATION TO DISPENSE MEDICATION

Submit this form with the Registration Form if you need Camp staff to administer medication to your child.

Child's name: _____ Age _____

Health condition(s): _____

Physician's name: _____

Phone: _____

Physician's address: _____

City/Zip Code: _____

Medication: _____

Dosage: _____

When medication must be administered: _____

Directions on how to administer medication: _____

Zoo Miami Foundation
12400 SW 152 Street, Miami, Florida 33177