



**Sacramento Zoo Summer Camp
Scholarship Application**

The Sacramento Zoo strives to provide outdoor educational opportunities for children of all income levels. All scholarship applications are taken under consideration for either a full or partial scholarship, depending on the financial need of the family. **Information listed on the scholarship application is strictly confidential.** Please submit the completed form to the Sacramento Zoo Education Department. Once the completed form and letter have been received, the application will be taken under consideration. A response in regard to the status of your application will be sent to the parent or guardian requesting the scholarship via email within two weeks.

The process is as follows:

- Fill in the application with all applicable information, including the reason for requesting a scholarship, your financial need, and which class(es) you would like to attend.
- Only one class per child will be awarded a full or partial scholarship.
- Scholarship applications can be requested prior to signing your child up for a class; however, a spot in the class desired is not guaranteed.
- Mail or fax this form to the Education Department a **MINIMUM OF THREE WEEKS** prior to the class date.
- **(Please make sure all required paperwork is turned in along with this form).**

Email or fax completed forms to: zoeducation@saczoology.org, fax number 916-264-6733

PLEASE PRINT CLEARLY

| | | | |
|---|-------------|---|----------------------------------|
| Child 1 name: | | Birth date of child: | |
| Child 2 name: | | Birth date of child: | |
| Child 3 name: | | Birth date of child: | |
| Type of scholarship request: Full Partial | | Are you a member? <input type="checkbox"/> Yes <input type="checkbox"/> No If member, expiration date: | |
| Parent/guardian name: | | | |
| Address: | | City: | State: Zip: |
| Phone (day): | | Phone (evening): | Email address: |
| Child 1 | Class name: | Class date: | Confirmation #: |
| Child 2 | Class name: | Class date: | Confirmation #: |
| Child 3 | Class name: | Class date: | Confirmation #: |
| Family size: Adults _____ Children: _____ | | Household income (before taxes): \$ _____ Please attach a copy of your W2 form | |
| Do you qualify for additional financial assistance? | | | |

Statement of benefits (reason for requesting a scholarship, your financial need, and which class(es) you would like to attend)

Please read and sign:

I confirm the above information is correct to the best of my knowledge. I understand that if I submitted this application prior to registering my child for a class, a space is not guaranteed in the class.

Signature: _____ Date: _____

Thank you for selecting the Sacramento Zoo's summer camp program.

Please note that it may take up to 2 weeks to receive a response.