



**Bank of America
Zoofari Camp
Scholarship Information**

Zoological Society of Florida
12400 SW 152nd Street
Miami, Florida 33177
(305) 255-5551
www.miamimetrozoo.com

Tuition assistance:

The Zoological Society of Florida offers tuition assistance to Bank of America Zoofari Camp for the weeks of July 20 through July 31. Families will be responsible for transportation to and from the Zoo. If you are awarded a scholarship you are entitled to full tuition for two weeks of summer camp July 20- 31, 2009, based on availability, with extended care. Sessions are limited to ages indicated.

- 🐾 Scholarships are awarded once each year based on financial need, motivation, and desire to positively affect the environment and the lives of animals.
- 🐾 Scholarship recipients may choose to attend two (2) Zoo camp weeks as indicated on the form with extended care.
- 🐾 Applications must be postmarked by **June 1, 2009**. You will be notified by mail after **June 30**. No phone inquiries will be accepted.

How to apply for a scholarship:

Application must be mailed and postmarked by **June 1, 2009**. Incomplete or late applications will not be reviewed and faxed applications **will not** be accepted.

The scholarship application is divided into 2 parts as follows:

- 🐾 Part 1: Application Form with financial information and description on how the camper benefits from attending Zoofari Camp
- 🐾 Part 2: Camper registration and medical form

Please make sure you have **both parts** and fill them out appropriately and completely. Be sure to circle the weeks of camp (max of 2) you are registering for on the camper's registration form.

Mail completed Application Forms and Materials to:

Summer Camp Scholarships
Zoological Society of Florida at Miami Metrozoo
12400 SW 152nd Street
Miami, Florida 33177-1499



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Scholarships for Bank of America Zoofari Summer Camp are awarded on the basis of financial need and are limited to two (2) weeks per participant per summer. Applications must be postmarked by **June 1, 2009** and selections will be made by July 1. You will be notified by mail; no phone inquiries will be accepted. Incomplete or late applications will not be reviewed.

Camp weekly sessions, Monday -Friday, that you may apply for:
Ages 4-10 July 20- July 31
Ages 11-13 July 20- July 31

Scholarship recipients will be asked to write a note or draw a picture of appreciation for our scholarship fund donors. These notes are cherished by our supporting donors and let them know of the difference their donations make in the lives of young children. Names will be kept confidential if requested.

1) Date: _____ Camper's Name: _____

Birth Date: _____ Age: _____ Male: _____ Female: _____

2) Date: _____ Camper's Name: _____

Birth Date: _____ Age: _____ Male: _____ Female: _____

Describe how the camper(s) would benefit from camp: (attach additional sheet if necessary):



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Parent/Guardian Information

Head of household: _____ SS#: _____
First and last name

Street Address, City, Zip code: _____

Day Phone: _____ Work Phone: _____ Other: _____

Marital Status (circle one): single married divorced separated

Spouse Name: _____ SS#: _____

Total family size: _____ # of adults: _____ # of children: _____

Income and Employment Information

Head of household: _____

Spouse: _____

Employer's Name: _____

Employer's Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Gross Annual Income: _____

Gross Annual Income: _____

Total Gross Annual Household Income: _____

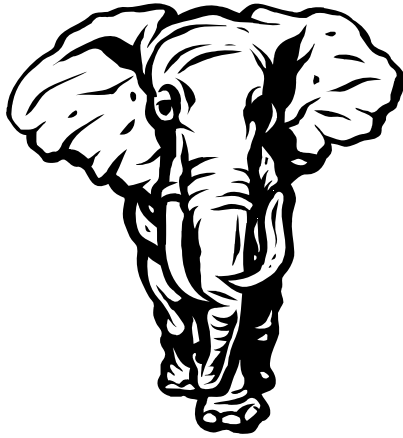
Does the applicant receive or do they qualify for free/reduced meals at school?
Yes No

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) with the attached W-2
form.

AND

One of the following:

- Two (2) most recent pay stubs/checks for each employer listed above
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?

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 ZSF to contact the employers listed for verification purposes.

The ZSF reserves the right to require additional documentation when deemed appropriate. This application is valid for the current 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 Zoological Society of Florida's Scholarship Awards Committee.

Parent's/Guardian's Signature

Date

Parent's/Guardian's (Print Name)

All information will be kept confidential.