



### Franklin Park Zoo ZooCamp Scholarship Application 2024

- Completed form (1 per child) must be **received by April 20, 2024**
- The completed form can be scanned & sent in via email OR printed & mailed.
  - Franklin Park Zoo Applicants
    - Email: [FPZcamp@zoonewengland.org](mailto:FPZcamp@zoonewengland.org)
    - Address  
Franklin Park Zoo Attn: Education Department  
1 Franklin Park Road  
Boston, MA 02121

Camper's name: _____	Date of birth: ____/____/____	
Grade level completed by June 2023: _____	Has your child attended ZooCamp before? _____	
Are you a Zoo Member? _____	Membership Number: _____	Exp. Date ____/____/____
Which week of camp would you like your camper to attend? <i>Please mark 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices (1 being top choice).</i>		
<b>Sessions 1-8: 6-10 olds / Session 8-9: 11-13 year olds / Session 9: 4-5 year olds.</b>		
<input type="checkbox"/> Session 1 (June 24-28)	<input type="checkbox"/> Session 2 (July 1-5) (no camp 7/4)	<input type="checkbox"/> Session 3 (July 8-12)
<input type="checkbox"/> Session 4 (July 15-19)	<input type="checkbox"/> Session 5 (July 22-26)	<input type="checkbox"/> Session 6 (July 29-August 2)
<input type="checkbox"/> Session 7 (August 5-9)	<input type="checkbox"/> Session 8 (August 12-16)	<input type="checkbox"/> Session 9 (August 19-23)

Applicants relationship to camper: _____		
Applicant's Name: _____	Applicant's cell phone number: _____	
Address: _____	City: _____	Zip: _____
Email address: _____	Additional email or phone: _____	
Camper's address (if different from applicant): _____	City: _____	
Zip: _____		

Is your family currently enrolled in any of the following programs? (Please check all that apply)

EBT

WIC Nutrition Program

Foster or Kinship Care

Other: \_\_\_\_\_

How would the camper benefit from the ZooCamp experience vs. another program type or activity?

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Is there anything else you'd like us to know?

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Can you commit to ensuring that the camper will attend their camp session? *Please check:*  YES  NO

*Once registered, if the camper is not able to attend their session, please let us know ASAP so we can offer this opportunity to another camper.*

***I certify that all of the information on this application is true & complete.***

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**ZOO OFFICE USE ONLY**

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount approved: \$\_\_\_\_\_ Approved by: \_\_\_\_\_