



Individual or Family Request Red Apple Fund for Lifelong Learning



Please type or print. You must complete both sides of this application and sign on Page Two. Please complete one application per program title per requested date.

STEP 1: CONTACT INFORMATION

Number of Individuals to be considered for scholarship award _____

Participant Name _____

Participant Name _____

Participant Name _____

Street Address _____

City _____ State _____ Zip _____ County _____

Contact Person Name _____

Daytime Phone _____ Evening Phone _____

Fax _____ E-Mail _____

STEP 2: SELECT PROGRAM TYPE (please check the correct box)

Summer Safari Bunk with the Beasts (Family, Teen, Kids Only) Career Programs

Family Program (Children's Classes/Workshops) Teacher Program Home School Program Other

Program Name/Session _____

Proposed Date _____ Alternate Date _____

STEP 3: REQUEST FOR FUNDING

Total Program Fee for All Participants: \$ _____

Please take into consideration all possible sources of funding available to you when determining your request. Please indicate your request by stating the amount you are able to contribute as well as your request for support. **Please note that you will be expected to contribute some dollar amount to the program.**

A. I/my family can contribute \$ _____ to the expense of the program.

B. We are requesting funding support in the amount of \$ _____.

Please fill out Page 2 of Application

STEP 4: STATEMENT OF NEED

A. If applicable, please indicate the criteria which qualifies the individual or family to request Red Apple Fund assistance.

- Participation in the Federal Free or Reduced lunch program
- Receives Aid to Families with Dependent Children (AFDC)
- Receives either Medicare or Medicaid
- Participates in another government financial aid program (please state) _____

B. **Please include a separate letter that details your individual or family's need for funding.** Denver Zoo offer scholarships through the Red Apple Fund for individuals and/or families that demonstrate financial need. Please include information such as participation in government assistance programs, your family's budget, and/or other indicators of financial need. Also include a statement of how the program will benefit the audience.

Signature of Contact _____ Date _____

Relationship of Contact to Applicant(s) _____

Please return this completed application and registration to:

The Denver Zoo ♦ Education Department ♦ 2300 Steele Street ♦ Denver, CO 80205-4899 ♦ fax: 303-376-4839

<u>Denver Zoo Approval: For Office Use Only</u>	
Initial Program Fee \$ _____	Program Percentage Approved _____ %
Red Apple Award \$ _____	Ind/Family Contribution \$ _____
Account Code: 450300 Bunk 450310 KIDS 450320 SS 450330 SP OTHER _____	
Reserved Date _____	
Signature _____	Date _____
Comments:	