



Individual/Family Application

Denver Zoo Scholarship Fund

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 funding _____

Participant Names _____

Participant Names _____

Participant Names _____

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)

Career Programs Other Teacher Program

Program Name _____

Proposed Date _____ Alternate Date _____

STEP 3: REQUEST FOR FUNDING

Total Program Fee for All Participants: \$ _____

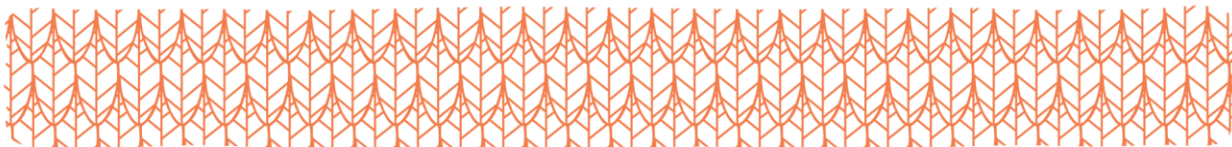
Please take into consideration all possible sources of funding available to you when determining your request. Please indicate your request by stating the amount you are able to contribute as well as your request for support.

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





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STEP 4: STATEMENT OF NEED

Please complete both Steps A and B.

A. If applicable, please indicate the criteria which qualify the individual or family to request Denver Zoo Scholarship 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 offers funding through the Denver Zoo Scholarship 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 your completed application and letter to the address below or fax. We will notify you in writing of your award. Denver Zoo Education Department, Attn: Denver Zoo Scholarship Fund
2300 Steele Street, Denver, CO 80205-4899 Fax Number: 720-337-1439

Denver Zoo Approval: For Office Use Only

Initial Membership Fee \$_____ Membership Percentage Approved _____%

Scholarship Award \$_____ Ind/Family Contribution \$_____

Account Code: : 450300 Bunk 450310 KIDS 450330 SP OTHER _____

Reserved Date _____

Signature _____ Date _____

Comments:

