



Summer Zoo Camp 2025 Scholarship Application

Application deadline: Monday, June 2nd 2025

PART A: Child's Information

Please fill out a separate camp scholarship application for each child you wish to be considered for this opportunity.

Name: _____ Age: _____

Date of Birth: _____ Grade in Fall: _____ Gender: _____

Dates to attend Zoo Camp:

*Please rate the following weeks in order of preference **1-6 (1=most preferred, 6=least preferred)**.*

Zoo Camp Scholarships will be awarded for one week only of the summer program.

- | | |
|--|--|
| <input type="checkbox"/> July 7-11, 2025 – <i>What's on the Menu</i> | <input type="checkbox"/> July 28- Aug 1, 2025 – <i>What's on the Menu</i> |
| <input type="checkbox"/> July 14-18, 2025 – <i>Acting like Animals</i> | <input type="checkbox"/> August 4-8, 2025 – <i>Acting like Animals</i> |
| <input type="checkbox"/> July 21-25, 2025 – <i>Conservation Captains</i> | <input type="checkbox"/> August 11-15, 2025 – <i>Conservation Captains</i> |

Are there any weeks you would be **unable** to attend camp? _____

PART B: Parent or Guardian Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

PART C: Financial Need

*Scholarships are awarded in the majority due to financial need. To help us determine your eligibility, please indicate if you are currently receiving any assistance from any of the programs or organizations listed below. **Please include a copy of documentation to confirm the source of financial aid indicated below.***

Please check all applicable programs below.

- | | |
|--|---|
| <input type="checkbox"/> School lunch program | <input type="checkbox"/> Food Stamp program |
| <input type="checkbox"/> Welfare | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Social Service Agency, Agency name: _____ | |
| <input type="checkbox"/> Other, name: _____ | |

If you do not qualify for any of the programs listed above, but feel that there are other circumstances affecting your ability to send your child to camp, please indicate below.

PART D: Parent or Guardian Application

The number of scholarships for Buffalo Zoo Summer Camp is very limited. To assist us in our search for the best candidates, we would like to know more about the student. Please let us know why this experience would be beneficial for your camper.

PART E: Camper Application

*Please have **your camper** write a short paragraph or draw a picture of why Buffalo Zoo Summer Camp would be such a great experience for them.*

All information provided to the Buffalo Zoo will be kept strictly confidential. Participants will be notified by June 7th. If you have any questions, please feel free to contact the Buffalo Zoo Education Department at (716) 995-6123.

Please return the completed scholarship application and all supporting documentation to:

Education Department – Summer Zoo Camp Scholarship Program
Buffalo Zoo
300 Parkside Avenue
Buffalo, NY 14214

OR
rbajdas@buffalozoo.org – Email Subject: Summer Zoo Camp Scholarship Program

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