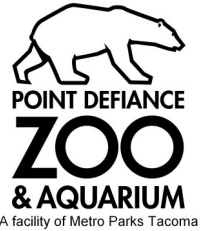


Point Defiance Zoo & Aquarium

Financial Aid Application



Financial Aid Guidelines (Application must be complete to be considered):

Please indicate the specific program, date and times for which you are requesting financial aid.

- Financial Aid funds are based on financial need and/or special circumstances. Based on qualification availability of funds. Funding can range from 20% to 100% of request.
- Financial Aid funds are limited and each application will be considered on a first-come, first-served basis.
- Applicants may be considered for Financial Aid for a maximum of two programs per calendar year. One camp is considered one program.
- Completed Financial Aid applications must be received at least 2 weeks prior to program start date.
- Send completed applications to: **Cathleen.mcconnell@pdza.org**

Program Name: _____ On this date: _____ At this time: _____
Program Fee: \$ _____ Financial Aid requested: \$ _____ Are you a Zoo Member? _____
Have you applied for financial aid previously during this calendar year? Yes No If yes, when? _____
Applicant's Name: _____ Day Phone: (____) _____ Evening Phone: (____) _____
Address: _____ City: _____ Zip: _____

Complete If Program Attendee is a Minor: Child's Name: _____ Birth Date: ____/____/____
Applicant's relationship to child: Parent Guardian Other: _____
Parent / Guardian Name (if different from applicant name): _____ Best Phone: (____) _____

Total Annual Household Income: \$ _____
Number of family members living in the home: Total: _____ Adults: _____ Dependent Children: _____
Reason for this request: _____
Explain any special circumstances: _____

<i>I certify that all information on this application is true and complete.</i>
SIGNATURE: _____ DATE: _____

OFFICE USE ONLY
Request for: _____ Date Received: _____ Amount Approved: \$ _____ Date Approved: _____ Approved By: _____