

# Point Defiance Zoo & Aquarium

## Zoo Winter Camp Scholarship Application 2023—Pierce County



- **Child must be a Pierce County Resident to qualify for this scholarship.**
- Completed form (1 per child) must be **received by Monday, October 16th, 2023.**
- Email completed form as a photo or scanned PDF to: **pdza.camps@pdza.org** OR mail or drop off printed application to: PDZA Programs, 5400 N Pearl Street Tacoma WA 98407. **If you don't have access to a printer** contact: pdza.camps@pdza.org
- **Applicants will be contacted about the status of their application by email no later than by October 23rd.**  
*(Please contact us at pdza.camps@pdza.org if you would like assistance completing or submitting this application.)*

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

School currently attending: \_\_\_\_\_ City: \_\_\_\_\_ Grade level : \_\_\_\_\_

Which one-day camp would you like this child to attend? **Dates and descriptions are on our website:** <https://www.pdza.org/camps/>

Dec. 19th: \_\_\_\_\_ Dec. 20th: \_\_\_\_\_ Dec. 21st: \_\_\_\_\_  
(same camp) (same camp) (same camp)

Dec. 26th: \_\_\_\_\_ Dec. 27th: \_\_\_\_\_ Dec. 28th: \_\_\_\_\_

**Does the applicant or child's family have a Zoo Membership?** Yes / No

Applicant's relationship to child: Parent Guardian Other (describe): \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Best Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Additional Email or Phone: \_\_\_\_\_

Child's Address (if different from applicant): \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

- EBT/Washington Quest OR P-EBT
- WIC Nutrition Program
- Foster or Kinship Care
- Other: \_\_\_\_\_

How would this child benefit from a Zoo Camp experience vs. another type of program or activity? \_\_\_\_\_

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

**Can you commit to ensuring that this child will attend their camp session?** Yes / No

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

*I certify that all information on this application is true and complete.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ZOO OFFICE USE ONLY**

Date Approved: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_ Approved By: \_\_\_\_\_