



# St. Louis Aquarium Foundation Scholarship Application



Dear Scholarship Applicant,

The St. Louis Aquarium Foundation is pleased to continue offering scholarship opportunities under our H2O Friends Program. H2O Friends, or “Help to Our Friends,” allows students to attend our educational programs such as Field Trips and Camp Fins & Friends at little or no cost.

Scholarships include the following programs:

- Camp Fins and Friends [7-12 years old] is a weekly summer camp from Monday to Friday; 9:00 a.m.-3:00 p.m.
- Before and After Care [7:30-9:00 a.m.; 3:15-5:00 p.m.] is available during camp sessions Monday to Friday.

Applying for the Scholarship:

1. Complete the following application. **Any missing information on the Scholarship Form will result in an incomplete application and will not be processed.**
  - Pages 1-6 must be completed by **Head of Household** or **Parent/Guardian** ○ Page 7 must be completed by **child[ren]**. You may assist your child[ren] if they require assistance. Page 7 will determine if your child will be selected for a camp scholarship. **Please make sure this is completed prior to mailing, dropping off, or emailing the application.**
2. Have a community leader **write a recommendation letter for your child[ren]**. This can be from a principal, teacher, religious leader, social worker, etc. who knows your child[ren] and financial status. The letter must be sealed, signed, and mailed with the application. **Any letters from relatives or unsealed letters will not be accepted and make the application incomplete.** Please confirm **the name of the child** is on the outside of the letter if sending in application and letter separately.
3. Once completed, please **mail** or **drop off Letter of Recommendation** at the following address:

**Attn: Mel Hooper  
St. Louis Aquarium Foundation  
201 S. 18<sup>th</sup> Street  
St. Louis, MO 63103**

Letters of Recommendation may also be sent directly from writer via email. Letters must be sent to **education@stlaquariumfoundation.org**.

Applications are received on a first come, first served basis. If accepted, you will receive a **confirmation email** with details. If you have any additional questions, please contact our Education Department at 314-923-3918.

Sincerely,

Mel Hooper, Education Manager



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Head of Household Form																
Step 1: Head of Household Information																
Head of Household/Parent/ or Guardian's Name:																
Street Address:																
City:	State:	Zip code:														
Home #: (    )	Cell #: (    )	Work #: (    )														
Email Address:																
Step 2 : Household Information																
Are you a single parent/guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No																
How many individuals are in your household (please include yourself and any/all children and their ages)?																
Step 3: Financial Information																
What is your approximate family income per year? [Please mark/highlight one below]: <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$0- \$10,000</td> <td style="padding: 2px;"><input type="checkbox"/> \$71,000-\$80,000</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$11,000-\$20,000</td> <td style="padding: 2px;"><input type="checkbox"/> \$81,000-\$90,000</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$21,000-\$30,000</td> <td style="padding: 2px;"><input type="checkbox"/> \$91,000-\$100,000</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$31,000-\$40,000</td> <td style="padding: 2px;"><input type="checkbox"/> \$101,000-\$110,000</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$41,000-\$50,000</td> <td style="padding: 2px;"><input type="checkbox"/> \$111,000-\$120,000</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$51,000-\$60,000</td> <td style="padding: 2px;"><input type="checkbox"/> \$121,000-higher</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> \$61,000-\$70,000</td> <td style="padding: 2px;"><input type="checkbox"/> I prefer not to say and will provide information</td> </tr> </tbody> </table>		<input type="checkbox"/> \$0- \$10,000	<input type="checkbox"/> \$71,000-\$80,000	<input type="checkbox"/> \$11,000-\$20,000	<input type="checkbox"/> \$81,000-\$90,000	<input type="checkbox"/> \$21,000-\$30,000	<input type="checkbox"/> \$91,000-\$100,000	<input type="checkbox"/> \$31,000-\$40,000	<input type="checkbox"/> \$101,000-\$110,000	<input type="checkbox"/> \$41,000-\$50,000	<input type="checkbox"/> \$111,000-\$120,000	<input type="checkbox"/> \$51,000-\$60,000	<input type="checkbox"/> \$121,000-higher	<input type="checkbox"/> \$61,000-\$70,000	<input type="checkbox"/> I prefer not to say and will provide information	What School District is your child[ren] in? [Please write the <u>School District</u> and <u>zip code</u> below. If your child[ren] is Homeschool please write " <u>Homeschool</u> " and add <u>zip code</u> ]:
<input type="checkbox"/> \$0- \$10,000	<input type="checkbox"/> \$71,000-\$80,000															
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<input type="checkbox"/> \$61,000-\$70,000	<input type="checkbox"/> I prefer not to say and will provide information															
How did you learn about our scholarship opportunity? [Please select/highlight one below]:																
<input type="checkbox"/> Blueprint4Summer STL	<input type="checkbox"/> Dept. of Children and Family Services	<input type="checkbox"/> Website														
<input type="checkbox"/> Bringing Families Together	<input type="checkbox"/> Friend of Family Member	Other Organization/Comments:														
<input type="checkbox"/> East St. Louis Housing	<input type="checkbox"/> School															
<input type="checkbox"/> L.E.A.D Promising Youth	<input type="checkbox"/> Summer Opportunities 2															
<input type="checkbox"/> Midtown Community Services	<input type="checkbox"/> Employee or Volunteer															
<b>St. Louis Aquarium Foundation Scholarship Form</b>																



# St. Louis Aquarium Foundation Scholarship Application



Please share why attending Camp Fins and Friends will benefit your child[ren]:

Empty text box for sharing why attending Camp Fins and Friends will benefit your child[ren].

**Step 1: Parent/Guardian Information**

Head of Household/Parent/ or Guardian's Name:

Empty text box for Head of Household/Parent/ or Guardian's Name.

Street Address:

Empty text box for Street Address.

City:

State:

Zip Code:

City:	State:	Zip Code:
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Preferred Contact #: (       )

Empty text box for Preferred Contact #.

**Step 2: Emergency Contacts**

Name:

Relationship:

Primary #:

Secondary #:

Name:	Relationship:	Primary #:	Secondary #:
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Name:

Relationship:

Primary #:

Secondary #:

Name:	Relationship:	Primary #:	Secondary #:
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# St. Louis Aquarium Foundation Scholarship Application



Step 3: Child's Information		
<b>Legal First and Last Name:</b>	<b>Birthdate:</b>	<b>Grade Level/Age:</b>
<b>Preferred Name for Nametag:</b>		<b>Preferred Pronouns:</b> He/She/Other: _____
<b>Relationship to Head of Household [son, daughter, grandchild, etc.]:</b>		

Step 4: Medical Information		
<b>Please select/highlight that apply to your child:</b>		
<input type="checkbox"/> Asthma	<input type="checkbox"/> ADD or ADHD	Other:
<input type="checkbox"/> Cancer	<input type="checkbox"/> Anxiety	
<input type="checkbox"/> Shortness of Breath	<input type="checkbox"/> Autism	
<input type="checkbox"/> Heat Sensitivity	<input type="checkbox"/> OCD	
<input type="checkbox"/> Nosebleeds	<input type="checkbox"/> Difficulty Speaking	
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Language Barrier	
<b>Will your child need one-one teaching? Please Explain:</b>		
_____		
<b>Food Allergies:</b>		
_____		
_____		
<b>Will your child provide an Epi-Pen or other epinephrine injection?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Will your child need to take medication during program hours?</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		



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Please write which medication(s) your child will be taking before or during camp and attach to application.

[Insert Medication Release Form]

Is there any information you would like to tell us about your child?

**\*\*If you have more than 2 children, please complete Step 3-6 and attach to Scholarship Form. \*\***

### Step 5: Scholarship Form [Completed by Parent or Guardian]

Has your child(ren) received a Camp Scholarship previously?

Yes

No

If yes, has your child(ren) used before or after care?

Yes

No

Both

How would your child(ren) benefit from our scholarship? Please explain and be specific.



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Please check off which camp you will be applying for:

Summer Camp 2024: Camp Fins and Friends

[Please select 3 weeks for preferred week of camp. Preferences are not guaranteed.]

<input type="checkbox"/>	June 2- 6: <i>Shark Week</i>	<input type="checkbox"/>	July 7 – 11: <i>Shark Week</i>
<input type="checkbox"/>	June 9 – 13: <i>Our Shared Planet</i>	<input type="checkbox"/>	July 14 - 18: <i>Our Shared Planet</i>
<input type="checkbox"/>	June 16 – 20: <i>Aquarium 101</i>	<input type="checkbox"/>	July 21 - 25: <i>Aquarium 101</i>
<input type="checkbox"/>	June 23 – 27: <i>Amazing Animal Adaptations</i>	<input type="checkbox"/>	July 28 – August 1: <i>Amazing Animal Adaptations</i>
<input type="checkbox"/>	June 30 – July 3: <i>Summer in the Arctic (* Four days only)</i>	<input type="checkbox"/>	August 4 – 8: <i>Summer in the Arctic</i>

## Step 6: Scholarship Form [Completed by Child. Parent/Guardian may assist if necessary]

In the space below, write or draw **why you want to come to Aquarium Camp**. More space on the next page. Attach additional pages if necessary.



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A large, empty rectangular box with a black border, intended for the applicant to provide information or submit documents.





# St. Louis Aquarium Foundation Scholarship Application



A large, empty rectangular box with a black border, intended for the applicant to provide information or submit documents.



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