



## 2018 ZooCamp Scholarship Fund for Children with Autism Application

Thank you for your interest in applying for a scholarship through the ZooCamp Scholarship Fund for Children with Autism. This program is a collaborative effort of Paul V. Sherlock Center on Disabilities at Rhode Island College and Roger Williams Park Zoo with the objective to increase accessibility of summer ZooCamp to children on the autism spectrum while providing supports for success.

The 2018 ZooCamp Scholarship Fund for Children with Autism will provide twenty (20) full one-week scholarships and five (5) full two consecutive week scholarships to Summer Adventures ZooCamp for children ages 6 – 10, and four (4) full one-week scholarships to children ages 11 – 13 to Conservation Heroes ZooCamp. A full-time Inclusion Specialist works with ZooCamp staff to integrate campers into an inclusive, curriculum based ZooCamp experience. This staff member supports all campers and staff, and will not provide consistent 1:1 support to any camper.

### CRITERIA:

- Applicants must be the designated ages at the time of camp and diagnosed with an autism spectrum disorder (ASD) (e.g. this would include ASD or specific diagnoses such as autism, Asperger Syndrome, PDD-NOS, etc).
- Students that require a 1:1 aide at school are eligible to apply for a scholarship, but must be accompanied to ZooCamp by a non-parent aide provided by the parent/guardian if awarded a scholarship. A limited number of small stipends are available to support the provision of an aide.
- Transportation to and from Roger Williams Park Zoo must be provided by parents/guardians.
- Parents/guardians must participate in one (1) camp orientation session prior to their child's week at ZooCamp. At these sessions, campers will be given the opportunity to "check-in" for camp, receive their complimentary ZooCamp t-shirt, get their nametag, meet camp staff, and experience the camp classroom.
- Parents/guardians must agree to participate in pre/post surveys, data collection, and to provide details to ZooCamp staff regarding their child's IEP, behavior plans, and any other necessary/helpful supports. To best enable our staff to provide your child with a valuable experience, the information provided will be shared with ZooCamp staff, teen volunteers, and Paul V. Sherlock Center on Disabilities consultants.

This completed and signed Scholarship Application must be received no later than **May 21, 2018**. Incomplete and late applications will not be considered. Please make sure that all of the following are included:

- Scholarship Application Parts 1 - 3
- Camper Personal & Medical Information Form (2 pages)

Please note: if selected, scholarship recipients will be asked to write a short note or draw a picture, illustrating how they enjoyed their time at Summer ZooCamp. Such tokens are cherished by our supporting donors as evidence of their impact on the lives of children.

The deadline is **May 21, 2018**. Submit completed applications to:

Roger Williams Park Zoo, Attn: ZooCamp Director, 1000 Elmwood Ave, Providence, RI 02907

# Application Part 1 (to be completed by parent/guardian)

Parent/Guardian Name: \_\_\_\_\_

Parent E-mail: \_\_\_\_\_

Parent Phone: Home #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Transportation is not provided by RWP Zoo. What are your transportation arrangements?  
\_\_\_\_\_

Where did you hear about this opportunity? \_\_\_\_\_

Camper's Name: \_\_\_\_\_

Current Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender: M or F

In which type of classroom does your child spend 51% or more of their time?

General classroom     Resource room     Self-contained classroom     Other \_\_\_\_\_

Does your child require an aide or PASS worker in school?     Yes     No

- If yes, please note that your child is still eligible for a scholarship and welcome at ZooCamp, but if accepted, a non-parent must accompany your child to ZooCamp. This aide will not be provided by RWP Zoo.     I understand     N/A
- A limited number of \$100 stipends are available to support the provision of an aide by a parent/guardian. Would you like to be considered for this stipend? Please note: proof of payment will be required.     Yes     No     N/A

Each camper receives one complimentary t-shirt. Please indicate camper's shirt size below:

Child:  XSmall (4-5)     Small (6-8)     Medium (10-12)     Large (14-16)  
 Adult:  Small     Medium     Large     XLarge

If camper will be **age 6 - 10** at time of ZooCamp (please number your first, second and third choice of sessions):

SA Week 1:	06/18 – 06/22	That Animal's Got Talent	SA1	
SA Week 2:	06/25 – 06/29	Mythbusting – Fact or Fiction	SA2	
SA Week 3:	07/02 – 07/06	That Animal's Got Talent	SA3	
SA Week 4:	07/9 – 07/13	Mythbusting – Fact or Fiction	SA4	
SA Week 5:	07/16 – 07/20	That Animal's Got Talent	SA5	
SA Week 6:	07/23 – 07/27	Mythbusting – Fact or Fiction	SA6	
SA Week 7:	07/30 – 08/03	That Animal's Got Talent	SA7	
SA Week 8:	08/06 – 08/10	Mythbusting – Fact or Fiction	SA8	
SA Week 9:	08/13 – 08/17	That Animal's Got Talent	SA9	
SA Week 10:	08/20 – 08/24	Mythbusting – Fact or Fiction	SA10	

Would you like your child to be considered for one of five (5) two-consecutive week scholarships?     Yes     No

If camper will be **age 11 - 13** at time ZooCamp (please number your first, second and third choice of sessions):

CH Week 1:	06/25 – 06/29	Investigating Ecosystems	CH1	
CH Week 5:	07/30 – 08/03	Investigating Ecosystems	CH5	
CH Week 6:	08/06 – 08/10	Inspired by Nature	CH6	
CH Week 7:	08/13 – 08/17	Investigating Ecosystems	CH7	

## **Application Part 2 (to be completed by parent/guardian)**

Please explain, in 500 words or less, why you are seeking this ZooCamp scholarship opportunity for your child. All information provided will be kept in the strictest confidentiality.

Print or type in the space below or in an attached letter.

### **Application Part 3**

**This section must be completed by the child. Application will be considered incomplete if completed by an adult.**

Summer ZooCamps at Roger Williams Park Zoo are exciting experiences for animal lovers. Please share why you are interested in attending ZooCamp this summer.

Please print in the space below or in an attached letter. You may also submit photos, artwork or any other supporting evidence for your application. If writing is difficult for the student, parents may dictate alongside student artwork.

I hereby attest that the information provided is accurate. I understand that all information is kept strictly confidential within the team supporting my camper at ZooCamp. I also understand that it is my responsibility to attend one (1) camp orientation prior to my child's week at camp, communicate thoroughly with the ZooCamp team supporting my child, and to provide transportation, snacks and a lunch each day for the scholarship recipient.

---

Signature of parent/guardian

---

Date

# 2018 Camper Personal and Medical Information

**Parent or Guardian:** Please print the following information. These details are important to ensure your child's safety and in helping us to prevent and treat health or medical problems. **Completed forms must be submitted with your application.** If not received, your application will not be considered. This form and information contained is confidential. Please complete a separate form for each camper. Call (401) 785-3510 x 394 with any questions.

Camper's Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<i>Last</i>	<i>First</i>	<i>Nickname (if any)</i>
Camp Name and Week(s) Attending:	<input type="text"/>		Gender: M or F
Age (at Camp):	<input type="text"/>		Date of Birth: <input type="text"/>

## Emergency Contacts:

In the event that a parent or guardian cannot be reached, please designate two individuals other than yourself that may be contacted in an emergency:

Full Name	Relationship	Best Phone Number to Use:
<input type="text"/>	<input type="text"/>	( )
Full Name	Relationship	Best Phone Number to Use:
<input type="text"/>	<input type="text"/>	( )

## Medical Information:

This information does not have to be verified by a doctor. Please circle the answer below and give details or initial as indicated. **Please print.**

1. Does the camper have any allergies? NO YES (Please list)

---



---

2. All children are welcome at Roger Williams Park Zoo programs. Please provide us with the tools necessary to give your child the best possible experience at ZooCamp by informing us of any and all special considerations - this may include information on allergies, accessibility concerns, behavioral, psychological or emotional conditions or other special needs. Details of any Individualized Education Plans (IEP) or Behavior Plans used with your child at school can often be helpful. Please attach additional details if needed.

---



---

3. Is the camper currently taking any medications? NO YES (Please list)  
(Please **include** medications taken at home.)

---



---

**Any medication that is to be administered to a camper routinely or in an emergency must be given to the Zoo EMT in a prescription bottle with the following information clearly displayed: child's name, name of medication & instructions. A Medication Permission Slip MUST also be completed at that time. If you have any questions, please call.**

4. Does the camper carry an Epi-pen or inhaler? NO YES (Please list)

---

**Please See Page Two**

Camper's Name:

--	--

**Permissions:**

- 1. I authorize Roger Williams Park Zoo to give my child basic first aid as needed:  
NO YES Initials: \_\_\_\_\_
- 2. I authorize Roger Williams Park Zoo to give my child over-the-counter medicine, such as Tylenol or Pepto Bismol as needed:  
NO YES Initials: \_\_\_\_\_
- 3. In case of an emergency where a parent or legal guardian cannot be reached, I hereby give consent to the Roger Williams Park Zoo to secure treatment for my child:  
NO YES Initials: \_\_\_\_\_
- 4. I understand that I am responsible for updating any personal or medical information that changes by contacting the camp director:  
NO YES Initials: \_\_\_\_\_
- 5. I authorize Roger Williams Park Zoo to use my child's name and photograph for education and public relations purposes related to the Zoo:  
NO YES Initials: \_\_\_\_\_
- 6. I agree to read the Roger Williams Park ZooCamp Handbook and communicate any necessary information to my camper:  
YES Initials: \_\_\_\_\_

**Authorized Pick-Up:**

Please list up to six names of anyone (**including yourself**) who will be picking your child up from ZooCamp. Your child will only be released to the people on this list unless written permission is provided at morning drop off. All individuals on the list or in a written note, including parents, **must show a photo I.D. each time they pick up your child.** This is for your child's safety.

Please print and write the name *exactly* as it appears on picture I.D.

FULL NAME	FULL NAME
1.	4.
2.	5.
3.	6.

**Remember:** All individuals must show a photo I.D. each time they pick up your child. Provided names must match photo I.D. *exactly*. There will be **no** exceptions. This is for your child's safety.

**Camper Grouping:**

Adventures campers are divided into groups according to age. Please list the names of friends or siblings (**must be same age**) that you would like the zoo to try and group your child with:

*This is NOT a guarantee. The camp director will group children at their discretion & children of significantly different ages will not be grouped together.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to child: \_\_\_\_\_