



SCHOOL PROGRAMS Application and Registration

Red Apple Fund for Lifelong Learning



Please type or print. You must complete both sides of this application and sign on Page Two. Please complete one application per program title per requested date.

STEP 1: CONTACT INFORMATION

| | | | |
|-----------------|------------------------|-------|-----|
| School Name | | | |
| School Address | City | State | Zip |
| School District | County | | |
| Contact Person | | | |
| School Phone # | Alternate Phone Number | | |
| School Fax # | Contact Email | | |

STEP 2: CHOOSE YOUR ZOO PROGRAM AND PROGRAM DATE

A. Check the box for the type of program you would like (in most cases, a max of 3 programs/day can be scheduled).

- | | |
|---|--|
| <input type="checkbox"/> CLASS (up to 30 participants each, 45 minutes/program, \$100 first; \$75 each additional) | <input type="checkbox"/> GUIDED TOUR (up to 100 participants, 90-120 minutes, \$3/student outside SCFD; zoo only) |
| <input type="checkbox"/> ASSEMBLY (up to 250 participants, 45 minutes/program, \$225 first; \$125 each additional) | <input type="checkbox"/> CHILDREN'S CONSERVATION THEATER (up to 30 participants each, 45 minutes/program, \$100 first; \$75 each additional; zoo only) |
| <input type="checkbox"/> SPECIAL PROGRAM (i.e. Creature Feature/Animals; up to 30 participants, 30-45 minutes/program, \$50 each) | <input type="checkbox"/> CUSTOM/OTHER (participants, duration, and prices vary. Denver Zoo will contact you for further information.) |
| <input type="checkbox"/> WORKSHOP (up to 30 participants, 4-5 hrs, prices vary) | |

B. Indicate program title, number of programs, and proposed date:

| | | | |
|-----------------------|--------------------------------|-----------------------|-----------------|
| Program Title | | | |
| Number of Programs | Number of Students Per Program | Grade (s) | Time of Arrival |
| 1st Choice Date | 2nd Choice Date | 3rd Choice Date | |
| Program #1 Start Time | Program #2 Start Time | Program #3 Start Time | |

List any special needs or function abilities of your group

Bilingual instructors (Spanish only) are dependent upon availability. Please check if:

- You would prefer a bilingual (Spanish/English) program You would prefer a Spanish-only program.

STEP 3: DETERMINE OVERALL PROGRAM COST

Use the rates listed on Page One in Step 2 to calculate your total fee. Also state your expected transportation expense.

1st Program Fee _____

2nd Program Fee _____

3rd Program Fee _____

TOTAL FEE _____

Expected Transportation Expense to Zoo \$ _____

STEP 4: REQUEST FUNDING

Please take into consideration all possible sources of funding available to your school when determining your request. Please indicate your request by 1.) Stating what your school is able to contribute to the program fee, and 2). Your funding support request from Denver Zoo. **Only request transportation funding if necessary. Please note: Your school will be expected to contribute some dollar amount to the program, including transportation. You will be notified of your award within two weeks of submitting this application.**

A. Our school can contribute \$ _____ to the expense of the program.

B. We are requesting funding support in the amount of \$ _____.

C. We are requesting a transportation reimbursement in the amount of \$ _____.

STEP 5: STATEMENT OF NEED

You must complete BOTH of these sections.

List your school's Free and Reduced Lunch or Scholarship Percentage _____.

Please include a separate letter that details your schools need for funding. Denver Zoo offer scholarships through the Red Apple Fund for schools that demonstrate financial need. Please include information such as participation in government assistance programs (Free and Reduced Lunch Program, Aid to Families with Dependent Children, Title 1), number of students on scholarship, your school's budget, and/or other indicators of financial need. Also include a statement of how the program will benefit your audience.

Signature of Contact _____ Date _____

Signature of School Administrator _____ Title _____ Date _____

Please return this completed application and registration to:

The Denver Zoo ♦ Education Department ♦ 2300 Steele Street ♦ Denver, CO 80205-4899 ♦ fax: 303-376-4880

Denver Zoo Approval; For Office Use Only

Initial Program Fee \$ _____ Program Percentage Approved _____ %

Red Apple Award \$ _____ School Contribution \$ _____

Transportation Percentage Approved _____ % Estimated Transportation Award \$ _____

Account Code: **450330 SP** Reserved Date _____

Signature _____ Date _____

Comments: