

TIFFT NATURE PRESERVE
2019 Discovery Camp
Partial Scholarship Application
Checklist



Please make sure your application is sent in with the following:

- Application Form
- Proof of Financial Assistance from program / organization
- Participant Demographics Form
- Essay (children 7+ years old)
- Drawing (children under 7 years old)
- Reference Form from a teacher or counselor (Only from first time applicants who have never received a Tiff Nature Preserve Discovery Camp Scholarship). This form can be sent in by the teacher or counselor.

Completed applications can be:

- faxed to 716.408.9103 Attn: Discovery Camp Scholarship Coordinator
- emailed to tiffreservations@sciencebuff.org
- mailed to Discovery Camp Scholarship Coordinator
Tiff Nature Preserve
1200 Fuhrmann Blvd
Buffalo, NY 14203

Applications Will Be Accepted Until Money Runs Out

Incomplete Applications Will Not Be Considered!

Award recipients will be notified via email or snail mail

For camps available Tiff Nature Preserve ONLY
visit: <https://www.tiff.org/programs/discovery-camps/> for more Tiff Nature Preserve Discovery camp information and offerings

2019 Discovery Camp Partial Scholarship Application



Requirements: Financial Need & Erie County Resident

1st time applicant: Application and a letter attesting to character and interest from a teacher or counselor are required. In an essay or a drawing the 3-13 yr old camper should describe why they would like to take part in Tiff Nature Preserve Discovery Camp.

Repeat Applicant: In an essay or drawing the 4-13 yr old camper should describe what they liked about Tiff Nature Preserve Discovery Camp and why they want to come back.

Incomplete Applications Will Not Be Considered!

1st choice camp session (date & title) _____

2nd choice camp session (date & title) _____

PLEASE PRINT CLEARLY

Child's Name: _____ Child's Birthdate (MM/DD/YY): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail address: _____

Name of Parent(s)/Guardian(s): _____

Work Phone Number: _____ Cell Phone Number: _____

Gross Monthly Family Income: _____ Total # of people in family: _____

A Discovery Camp scholarship is based mainly on financial need. Please indicate if you are currently receiving assistance from one or more of the programs / organizations listed below. A copy of documentation to confirm the source of financial aid listed below **MUST** accompany your application.

Check all that apply to your immediate family:

- Welfare Social Security
 Supplemental Nutrition Assistance Program
 Social Service Agency, Agency Name _____
 Other, name: _____

Briefly explain any other circumstances which would indicate scholarship need:

I certify that the financial situation of the child nominated warrants that he/she be given the opportunity to attend the Tiff Nature Preserve Discovery Camp on a partial scholarship.

Parent/Guardian (print)

Parent/Guardian (signature)

Date

Tifft Nature Preserve Participant Demographics Form



Please complete the information below. The information will be used by the Buffalo Society of Natural Sciences for **STATISTICAL PURPOSES ONLY**. This information will be used for the sole purposes of determining scholarship awards and group reporting to funders and individual data will **not** be released and/or shared with any third party partners, associates and/or affiliates.

1. Please share the group to which you belong:

Please check all that apply.

<input type="checkbox"/>	American Indian or Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Native Hawaiian or other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other/Multi-Racial (please specify):

2. Please share your Gross Yearly Household Income:

Please place a check in only one box.

1 person household	2 person household	3 person household	4 person household	5 person household	6 person household	7 person household	8 person household
<input type="checkbox"/> \$13,400 or less	<input type="checkbox"/> \$15,300 or less	<input type="checkbox"/> \$17,200 or less	<input type="checkbox"/> \$19,100 or less	<input type="checkbox"/> \$20,650 or less	<input type="checkbox"/> \$22,200 or less	<input type="checkbox"/> \$23,700 or less	<input type="checkbox"/> \$25,250 or less
<input type="checkbox"/> \$22,300 or less	<input type="checkbox"/> \$25,500 or less	<input type="checkbox"/> \$28,700 or less	<input type="checkbox"/> \$31,850 or less	<input type="checkbox"/> \$34,400 or less	<input type="checkbox"/> \$36,950 or less	<input type="checkbox"/> \$39,500 or less	<input type="checkbox"/> \$42,050 or less
<input type="checkbox"/> \$35,700 or less	<input type="checkbox"/> \$40,800 or less	<input type="checkbox"/> \$45,900 or less	<input type="checkbox"/> \$50,950 or less	<input type="checkbox"/> \$55,050 or less	<input type="checkbox"/> \$59,150 or less	<input type="checkbox"/> \$63,200 or less	<input type="checkbox"/> \$67,300 or less
<input type="checkbox"/> Above \$35,700	<input type="checkbox"/> Above \$40,800	<input type="checkbox"/> Above \$45,900	<input type="checkbox"/> Above \$50,950	<input type="checkbox"/> Above \$55,050	<input type="checkbox"/> Above \$59,150	<input type="checkbox"/> Above \$63,200	<input type="checkbox"/> Above \$67,300

3. Please describe your household:

Please check the appropriate box.

<input type="checkbox"/>	Single-Parent Household	Circle one:	Mother	or	Father
<input type="checkbox"/>	Two-Parent Household				
<input type="checkbox"/>	Grandparent(s) as guardian(s)				
<input type="checkbox"/>	Other Family Member as guardian(s)				
<input type="checkbox"/>	Guardian (Non-Family member)				

4. Please share your Councilmatic District:

Please check the appropriate box.

<input type="checkbox"/>	Delaware District	<input type="checkbox"/>	Niagara District
<input type="checkbox"/>	Ellicott District	<input type="checkbox"/>	North District
<input type="checkbox"/>	Fillmore District	<input type="checkbox"/>	South District
<input type="checkbox"/>	Lovejoy District	<input type="checkbox"/>	University District
<input type="checkbox"/>	Masten District	<input type="checkbox"/>	Not a City of Buffalo Resident

5. Please share your address: _____

House Number & Street Name only



Candidate Reference Form

(Name of *Discovery Camps* Applicant) _____ is applying to become a participant of the *2019 Discovery Camps at Tiftt Nature Preserve*. We would appreciate your help in the application process. Please answer the questions below and add any comments you wish to make about the applicant and return this form to the applicant or send it directly to the address below. You can be assured that the information you submit will be kept strictly confidential. Thank you for your assistance.

Date: _____

Name of person filling out reference form: _____

Relationship to Applicant (must be an adult **not related** to the applicant): _____

Phone: _____ Best time to reach you: _____

1. How long have you known the applicant? _____ In what capacity? _____

2. Please tell us why you think this person is an ideal candidate for the *Discovery Camps* program at Tiftt Nature Preserve. Please use the back side of this sheet or additional sheets, if necessary.

Signature of Person Filling Out Reference Form _____

Please return this form to:
TIFFT NATURE PRESERVE
Attn: Discovery Camp Scholarship Coordinator
1200 Fuhrmann Blvd Buffalo, NY 14203
Phone: 716.825.6397 Fax: 716.408.9103
Email: tifttreservations@sciencebuff.org