



# TIFFT NATURE PRESERVE

## 2023 Discovery Camp

### Scholarship Application Checklist

For camps available at Tifft Nature Preserve ONLY

Visit: <https://www.tifft.org/programs/discovery-camps/> for  
Tifft Nature Preserve Discovery Camp information and offerings.

**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 to 10 years old)
- Drawing (children 5 to 7 years old)
- Reference Form from a teacher or counselor (Only from first time applicants who have never received a Tifft Nature Preserve Discovery Camp Scholarship). This form can be sent in by the teacher or counselor.

**Completed applications can be:**

- **faxed** to 716-824-6718 Attn: Discovery Camp Scholarship Coordinator
- **emailed** to [tifftcamps@sciencebuff.org](mailto:tifftcamps@sciencebuff.org)
- **mailed** to Discovery Camp Scholarship Coordinator  
Tifft Nature Preserve  
1200 Fuhrmann Blvd  
Buffalo, NY 14203

**Limited scholarships available.**

**Applications accepted on a rolling basis until June 1, 2023.**

**Incomplete applications will not be considered.**

**For a paper copy of the application, please contact Tifft.**

**Accepted applicants will be notified via email or phone.**

**Accepted applicants must provide their own transportation to and from camp.**

**Accepted applicants will attend an in-person orientation before camp.**



## 2023 Tifft Nature Preserve Discovery Camp Scholarship Application

**1<sup>st</sup> 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 5-10 yr old camper should describe why they would like to take part in Tifft Nature Preserve Discovery Camp.

**Repeat Applicant:** In an essay or drawing the 5-10 yr old camper should describe what they liked about Tifft Nature Preserve Discovery Camp and why they want to come back.

**Incomplete Applications Will Not Be Considered!**

**1<sup>st</sup> choice Tifft Nature Preserve Camp week (date & title)**

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**2<sup>nd</sup> choice Tifft Nature Preserve Camp week (date & title)**

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**3<sup>rd</sup> choice Tifft Nature Preserve Camp week (date & title)**

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**PLEASE PRINT CLEARLY**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

**Gross Monthly** Family Income: \_\_\_\_\_ Total # of people in household: \_\_\_\_\_



## CONFIRMATION OF FINANCIAL NEED

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:

Free/ Reduced School Lunches

Housing Choice Voucher Program (Section 8)

Medicaid

SNAP (Supplemental Nutrition Assistance Program)

TANF (Temporary Assistance for Needy Families)

Transitional or Subsidized Child Care, or WDI Childcare Subsidy Program

Other

Organization 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 Full Scholarship in 2023.

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Parent/Guardian (print)

Parent/Guardian (signature)

Date

## Tift 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 circle the number of people in your household:

*Please circle 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
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### 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 Council 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



## Candidate Reference Form

(Name of *Discovery Camp* Child Applicant) \_\_\_\_\_  
is applying to become a participant of the **2023 Discovery Camps at Tiff Nature Preserve**. We 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? \_\_\_\_\_

2. In what capacity? \_\_\_\_\_

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

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Signature of Person Filling Out Reference Form \_\_\_\_\_

Please return this form to:  
**TIFFT NATURE PRESERVE**  
**Attn: Discovery Camp Scholarship Program**  
**1200 Fuhrmann Blvd Buffalo, NY 14203**  
**Phone: 716.825.6397 Fax: 716-824-6718**  
**Email: [tiffcamps@sciencebuff.org](mailto:tiffcamps@sciencebuff.org)**