

# FINANCIAL ASSISTANCE APPLICATION

I hereby request that Cleveland Sight Center (CSC) make a determination of my/my camper's eligibility for reduced fees. I understand that the information that I submit concerning my/my camper's annual income and family size is subject to verification by CSC. I also understand that if the information that I submit is found to be false, such a determination will result in a denial of providing services at a reduced fee and that I will be liable for the full charge for services provided. Finally, I understand financial assistance provided by CSC is subject to funds at the time of the request.

For requests made for financial assistance for Highbrook Lodge: I understand a) financial aid is not available for day programs and/or off-season camp programming and b) Deposits and transportation fees are not covered by financial assistance.

\_\_\_\_\_  
 CAMPER NAME

\_\_\_\_\_  
 DATE OF BIRTH (DOB)

\_\_\_\_\_  
 RESPONSIBLE PARTY'S NAME

\_\_\_\_\_  
 RELATIONSHIP TO CAMPER

\_\_\_\_\_  
 RESPONSIBLE PARTY'S EMPLOYER

\_\_\_\_\_  
 CONTACT NAME/PHONE # OF EMPLOYER

**INFORMATION ABOUT CAMPER'S FAMILY SITUATION:**

\_\_\_\_\_  
 SPOUSE NAME

\_\_\_\_\_  
 SPOUSE'S DOB

NAME OF DEPENDENTS AND DOB	NAME OF DEPENDENTS AND DOB, CONTINUED
1.	5.
2.	6.
3.	7.
4.	8.

**FAMILY ASSETS\*\*\*\*:**

	AS OF LAST MONTH
NAMES OF FINANCIAL INSTITUTION(S)	
AMOUNT IN CHECKING ACCOUNTS	
AMOUNT IN SAVINGS ACCOUNTS	
AMOUNT IN CREDIT UNION ACCOUNTS	
AMOUNT IN IRA'S, PENSIONS AND/OR 401K'S	
<b>TOTALS:</b>	

**FAMILY INCOME SITUATION\*\*\*\*:**

	LAST 3 MONTHS	LAST 12 MONTHS
WAGES (including self-employment income)		
INCOME FROM IRA'S, PENSION AND/OR 401K'S		
SOCIAL SECURITY INCOME, SOCIAL SECURITY DISABILITY AND/OR SUPPLEMENTAL SECURITY INCOME		
PUBLIC ASSISTANCE		
UNEMPLOYMENT INCOME		
ALIMONY / CHILD SUPPORT		
MILITARY FAMILY ALLOTMENTS		
<b>TOTALS:</b>		

**You must also submit at least one of the following 'Proof of Income' documents by June 1 to be eligible for aid.**

- The first two pages of the most-recently filed U.S individual Tax Return
- Copies of forms showing other income sources (like a social security letter)
- Copies of recent bank statements

I ATTEST THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR GUARDIAN OF APPLICANT

\_\_\_\_\_  
DATE

**YOU WILL BE NOTIFIED OF ELIGIBILITY STATUS BY MAIL AND/OR PHONE.**