



Camp Sue Osborn Application for Financial Assistance

CHILD'S NAME _____ AGE _____

*Generally camperships are available for only **ONE** camp. Please indicate your first and second choice.*

Day Camp _____

Residence Camp _____

Camp Sue Osborn has allocated funds for financial assistance. For children who qualify in Lake and Geauga Counties, partial or full camperships may be applied to day and/or residence camp. Please fill in the information below awards and mail completed application to:

Camp Sue Osborn
8090 Broadmoor Road
Mentor, OH 44060

Applications are due by May 15th. You will be notified of your child's eligibility for financial assistance by late June. Any balance remaining must be paid before the start of camp.

Parent's Name: _____ Home Phone: _____

Address _____
Street City Zip Code

Place of employment:

Mother _____ Position: _____ Phone _____

Father _____ Position: _____ Phone _____

Family's yearly income (please check one):

___ Under \$5,000 ___ \$5,000-\$10,000 ___ \$11,000-\$15,000 ___ Over \$60,000
___ \$16,000-\$20,000 ___ \$21,000- \$40,000 ___ \$40,000 - \$60,000

Financial assistance currently being received:

___ free school lunch ___ reduced school lunch ___ ADC ___ S.S.I. ___ Food Stamps

Number of children living at home _____

Any unusual medical expenses: _____

(OVER)

