

**CAMP SUE OSBORN ~ 2007 ~  
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 which is necessary to determine campership awards and mail to:**

**Camp Sue Osborn  
c/o East Shore Center  
7900 Euclid -Chardon Road  
Kirtland, Ohio 44094**

*Applications are due by June 1<sup>st</sup>. ~ 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)**

