## **Presented** By:





## **COSI Academy Financial Aid Application**

To be considered for financial aid, we require the following:

- <u>Completed</u> Financial Aid Application and Completed COSI Academy Application
- If you require assistance in filling out your Financial Aid Application, please contact Amy Parker, Director of Teen Programming at 614.228.2674
- COSI is committed to providing excellent experiences through its programs and service to all individuals, regardless of race, gender, religion, disability or economic status. Toward this goal, COSI will secure and manage funds to assist youth in meeting the expenses associated with such programs and services.
- Financial Aid awards are based on Federal Poverty Level Income Guidelines

Name of Participant:		
Birth date:	Gender:	
Name of Parent/Guardian:		
Email:		
Address:		-
City:	State:	Zip:
Phone: (day)	(eve)	
Estimated Gross Family Incom	ne for previous year: \$ _	
# of people in household:		_
Racial/Ethnic Identification –	please check all that app	ply (optional)
Black or African American	Native Hawaiian	or other Pacific Islander
Hispanic or Latino	American Indian or Alaska Native	
Asian or Asian American	White or Cau	casian
Other (please specify):		
Parent/Guardian Signature:		Date: