Presented By:

COSI Academy Financial Aid Application

Sponsored by Abbott Fund

Name of Participant:_____

Birth date:_____ **Gender:** ___**male** ___**female**

Name of Parent/Guardian: _____

Email:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

Phone: (day) _____ **(eve)** _____

Estimated Gross Family Income for previous year: $ _____

# of people in household: _____

Racial/Ethnic Identification –please check all that apply (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 Caucasian**

___**Other (please specify):** _____

Deposit Amount Included: $_____

Amount of Aide Requested: $_____

Parent/Guardian Signature: _____

Date: _____

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COSI Academy Financial Aid

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

- **Completed Financial Aid Application**
- **Completed COSI Academy application and letters of reference**
- **$10 deposit for each application**

If you require assistance filling out your application, 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 Deposit Policy:
Financial Aid awards are based on Federal Poverty Level Income Guidelines and are determined after the deposit is applied. If you are unable to submit the full deposit or have extenuating circumstances, please include a letter explaining your financial situation.

Deposit Refunds:
If financial assistance is denied to you, your deposit will be returned in full. If you accept assistance but cancel at a later date, your deposit will not be refunded.