

Girls Discover...

Financial Aid Application

Individuals submitting this application may qualify for up to \$25 in financial aid.

A sliding scale, based on federal guidelines, has been adopted to assist in the decision making process. This scale is based upon household income and total number of family members. Scholarships awarded on a first come, first served basis.

To be considered for financial aid we require the following:

- Completed Financial Aid Application**
- Completed Program Registration Form(s)**
- Completed Photo/Liability Release Form(s)**
- \$5 deposit for each application.**
- *Permission Slip to visit COSI Exhibition Area (*Optional)**

COSI is committed to providing excellent experiences through its programs and services to all individuals, regardless of economic status. Toward this goal, COSI will secure and manage funds to assist you in meeting the expenses associated with such programs and services.

Name of Participant: _____

Name of Parent/Guardian: _____

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (day) _____ (evening) _____ (cell) _____

Estimated Gross Family Income for 2009: \$ _____ # of family members: _____

Parent/Guardian Signature: _____

Date: _____

If there are extenuating circumstances regarding your family's ability to pay for this workshop, please include a letter explaining your financial situation with this application.

Please complete this form and return it by mail to Corey Markham, COSI, 333 W. Broad Street, Columbus, OH 43215, or FAX this form to 614-629-3226, attention Corey Markham.

Please specify how you would like COSI to contact you regarding your Financial Aid submission:

Email _____

Phone _____ (please circle best number to use to contact you): Day / Evening / Cell