

Presented By:



OhioHealth Medical Career Discovery @COSI Financial Aid Application

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

- Completed Financial Aid Application and completed program 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 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 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):** _____

Parent/Guardian Signature: _____ **Date:** _____