

# FINANCIAL ASSISTANCE APPLICATION

This application is not to be considered a guarantee of financial assistance or registration for your selected camp. These scholarships are provided on a first come first served basis. This form must be received one month prior to the start date of the camp you desire. For more info call: 513-321-6070

## CONTACT INFORMATION:

Your Full Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

## CAMP SELECTION:

Preference #1: \_\_\_\_\_

Preference #2: \_\_\_\_\_

Preference #3: \_\_\_\_\_

## CHILD'S INFORMATION:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Please provide us with one of the following documents as proof of assistance:

1. Unemployment paperwork from a parent
2. Medicaid benefits for the child receiving the scholarship
3. Child's enrollment in the federal lunch program

Please attach your proof of financial assistance and this completed form in an email to:  
**Brittany.ashcraft@cincinnati-oh.gov**

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*Rejuvenating health & wellness*

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