



P.O. Box 45159 Westlake, OH 44145
 www.lakeshoredaycamp.org

Application for Financial Assistance

This Application does not guarantee assistance. All applications will be reviewed and financial assistance will be rewarded based upon need and financial monies available.

Due by Thursday, June 30th, 2011

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
PARENT/GUARDIAN INFORMATION			
<i>Please provide information for those individuals responsible for covering the cost of tuition</i>			
Full Name	Relationship	Gross Annual Income	
Full Name	Relationship	Gross Annual Income	
Total # of Adults		Total Gross Annual Income	
# of Dependents	Dependents Names		
Please indicate the amount of financial assistance your family is receiving from outside sources. \$ _____ (CCBMRDD, ESY, Scholarships, etc.)			
Please indicate the amount of financial assistance your family is requesting from LakeShore. \$ _____			
Please describe why it is necessary to seek financial assistance. Indicate any special circumstances affecting family need. (use additional page(s) if necessary)			

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
I understand that false or misleading information in my application may result in refusal of any and/or all services and may be subject to further legal action.	
Signature	Date



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