

Request for Funding

Pay-to-Participate / Summer Camp / Enrichment Activity/ Field Trips

Please complete this form, attach all required documentation, and return in the enclosed envelope. **Failure to complete all sections and provide required verifications could jeopardize your participation in the program.**

*****Applications MUST be received prior to the start of the activity. ****

Parent's Name: _____ Date: _____

Child's Name: _____ Age: _____ Grade entering: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Number of household members: _____

E-mail Address: _____ Rent/Mortgage amount: _____

Camp/Activity requested: _____ (Include documentation of activity including cost)

Cost of Activity: _____ Date(s) of Activity: _____

Total Household Monthly Income: _____ (Verification MUST be provided)

Income Source: Employment Unemployment Child Support
 Social Security Retirement Disability Other

Do you receive public assistance? Yes No

If "Yes", what assistance do you receive? _____

Case Workers Name: _____

**** Please complete page 2 of this application providing a brief description why you are requesting financial assistance through this program. This is required to be considered for funding.**

Please return all information to: Sara Shininger
Geauga Co. Job and Family Services
12480 Ravenwood Dr.
Chardon, Ohio 44024

The information provided will be reviewed. You will be contacted regarding your request.

----- FOR OFFICE USE ONLY -----

Amount Approved: _____ Date: _____ Funding Source: _____

Parent Contribution: _____ Encumbrance completed: Yes No Camp/Organization will invoice

Denied: _____ Reason _____

**** Explanation for Requesting Financial Assistance**