

NORTHERN OHIO HEMOPHILIA FOUNDATION  
 4807 Rockside Road, Suite 380, Cleveland, OH 44131

**Application for 2010 Matteo Campership/Educational Scholarship**

Date of Application: \_\_\_\_\_

I, the undersigned, give the NOHF permission to share the information on this application, and any other information, deemed necessary to process my application for assistance with an educational/camp scholarship. I understand that my submission of this application does not guarantee that I will receive assistance.

\_\_\_\_\_  
 (Signature)

\_\_\_\_\_  
 (Date)

Name of (Parent) Applicant: \_\_\_\_\_ Number in Household: \_\_\_\_\_

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

County of Residence: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Individual Seeking Camp/Educational Scholarship: \_\_\_\_\_ Age: \_\_\_\_\_

Name and Address of Selected School/Camp: \_\_\_\_\_

Reason for Scholarship Assistance: \_\_\_\_\_

Type of Bleeding Disorder: \_\_\_\_\_

Comments: \_\_\_\_\_

I affirm that this information is true. \_\_\_\_\_

(Signature of Applicant)

**(A Copy of Tuition Invoice or Other Documentation Must be Attached)**

**The following information is optional, but our funding sources ask us for this data.**

**Your cooperation is appreciated.**

Source(s) of Household Income	Household Income	Race/Ethnic Origin
Wages _____	\$0-\$9,999 _____	Caucasian _____
Public Assistance _____	\$10,000-14,999 _____	African American _____
SSI/Disability _____	\$15,000-19,999 _____	Native American _____
SS/Retirement _____	\$20,000-29,999 _____	Hispanic/Latino _____
Other _____	\$30,000+ _____	Other _____

Parent's Place(s) of Employment: \_\_\_\_\_