



Diabetes Camp Financial Aid Application

The following application is for campers and families who are interested in pursuing financial aid.

Only fully completed applications will be accepted.

Applications are due **May 4th**. Scholarships are awarded on the basis of income, need and merit. We will contact you by mail or phone as to the amount of the scholarship and the part of the fee you will be personally responsible. All information is kept confidential and is not shared with camp staff.

The following items must be submitted:

Income verification (one of the following): your application will not be processed unless this information is attached.

1. Copy of first two pages of most current IRS Tax Return
or
2. Current Food stamp or Temporary Assistance for Needy Family (TANF)
or
3. Current Food Distribution Program on Indian Reservation notification

Camper's Name (last, first): _____

Date of Birth: _____

Parent(s)/Guardian(s) Name: _____

Home telephone: _____

Mailing address: _____

Has child been to diabetes camp before? Yes: ____ No: ____

How much of the full camp fee does your family expect to pay? \$ _____

Number of adults in household: _____

What county does the child reside in? _____

Number of children in household: _____

Fill in applicable information and attach appropriate documentation materials:

Food Stamp Case Number: _____

TANF Number: _____

Medicaid Identification Number or Foster Care Case Number: _____

What is the household's estimated yearly income from all sources: \$ _____

(sources include, but are not limited to, compensation for services, wages, salary, commissions, fees, Social Security income, interest income, investment income, unemployment compensation, public assistance payments, pension income, child support payments, alimony, royalties, income from trusts and any other source of income for the family not otherwise mentioned).

Tax return is required to substantiate information.

Please do not let lack of finances deter you from having your child attend camp. We are here to help all children with diabetes. Explain any special circumstances that may determine the need for a financial aid:

Please let us know any special circumstances regarding your current situation. Explain why it is important for your child or family to attend our diabetes camp:

For reporting purposes, please indicate child's ethnicity:

- American Indian
- African American
- Native Hawaiian or other Pacific Islander
- White
- Hispanic or Latino
- Multi-Racial
- Asian American

Camper must complete one of the following:

Explain what you hope & expect to learn from camp **And/Or** write, draw, or in some way express what camp means to you and why you want to come: