

APPLICATION FOR DYS CAMP FINANCIAL ASSISTANCE

Complete this application in its entirety and submit with a copy of your most recent 1040, 1040-A or EZ form, or any other proof of income **before May 1 for Big Shots** or **June 1 for Little Shots**

Please Print/Use Black or Blue Pen.

NAME OF CAMPER: _____ CAMP ATTENDING: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE _____
DATE DIAGNOSED ____/____/____ BIRTHDATE ____/____/____
DOES CHILD RECEIVE PUBLIC ASSISTANCE? If yes, complete all that applies below.
ADC- ID # _____ Caseworker Name and phone _____
MEDICAID- ID# _____ Name of Carrier _____ PH _____
FREE SCHOOL LUNCH- School Name _____ PH _____
BCMH- ID # _____ PH _____

FATHER or LEGAL GUARDIAN : _____
ADDRESS (if different) _____
CITY: _____ STATE: _____ ZIP CODE _____
BEST DAYTIME PHONE: _____ E-MAIL _____
CURRENT EMPLOYMENT: _____ MONTHLY INCOME _____
OTHER MONTHLY INCOME <Child Support, Alimony, Disability, SSI> _____
TOTAL CURRENT MONTHLY INCOME : _____

ATTACHED MOST RECENT COPY OF 1040, 1040-A, or EZ TAX FORM

MOTHER or LEGAL GUARDIAN : _____
ADDRESS (if different) _____
CITY: _____ STATE: _____ ZIP CODE _____
DAYTIME PH _____ E-MAIL : _____
CURRENT EMPLOYMENT: _____ MONTHLY INCOME _____
OTHER MONTHLY INCOME & AMTS <Child Support, Alimony, Disability, SSI> _____
TOTAL CURRENT MONTHLY INCOME : _____

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Please note additional documentation may be requested.
 If *all* information is not received before the deadlines specified,
 your child will *not* be eligible for a scholarship.

Are there any extenuating or special circumstances that you would like considered when your application is reviewed?

OTHER DEPENDENTS IN HOUSEHOLD	RELATIONSHIP TO CAMPER	AGE	STATUS – please circle		
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other

PLEASE NOTE: This application is *not* a camp registration form to attend camp. This is to request financial assistance only. You must have your child registered for camp using a separate Registration Form or online at www.dys4kids.org in order to be considered for financial assistance.

PREVIOUS CAMP ATTENDANCE AND SPONSORSHIP:

CAMP: _____ DATE: _____ Financial Aid Given YES NO

CAMP: _____ DATE: _____ Financial Aid Given YES NO

CAMP: _____ DATE: _____ Financial Aid Given YES NO

CAMP: _____ DATE: _____ Financial Aid Given YES NO

PLEASE STATE THE AMOUNT YOU ARE ABLE TO PAY TOWARDS THE CAMP REGISTRATION FEE:
 \$ _____ [Big Shots Fee=\$400, Little Shots FEE=\$200]

My child would like to attend camp because _____

The Diabetes Youth Services Camp Scholarship Committee will review your request and you will be notified by DYS if you qualify for total or partial financial assistance approximately three weeks prior to your child's camp session . The camp fee only covers a fraction of the actual cost to provide this experience for your child. DYS works diligently year round with community partners to support these invaluable programs.

Office Use Only: Final Award _____ Date ____/____/____