



DYS COMMITTEE DECISION:  APPROVED  DENIED  PARTIAL \$ \_\_\_\_\_ DATE: \_\_\_\_\_

## 2012 DYS CAMP SCHOLARSHIP APPLICATION

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: Prior to May 1, 2012 Big Shots/Prior to June 1, 2012 Little Shots

**Please Note:** This is an application for DYS Camp Scholarship, this is not a DYS Camp Registration. Your child must be registered for a DYS Camp in order to be considered for a DYS Camp Scholarship. DYS Camp Registration can be found at: [www.dys4kids.org](http://www.dys4kids.org) or call the office (419-887-8739) to have a hard copy mailed to you.

**Camper Name:** \_\_\_\_\_ **Camp Attending:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Address City State Zip

**Physician for Diabetes Care:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Diabetes diagnosis:**  Type 1  Type 2 **Date of diagnosis:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age at Dx** \_\_\_\_\_

**Camper Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Does the child receive public assistance?**  Yes  No If "Yes", complete all that applies below:

**ADC-ID#:** \_\_\_\_\_

**Case Worker Name:** \_\_\_\_\_ **Case Worker Phone:** \_\_\_\_\_

**Medicaid ID #:** \_\_\_\_\_ **Carrier Name:** \_\_\_\_\_

**Carrier Phone:** \_\_\_\_\_

### School Lunch Program

**School Name:** \_\_\_\_\_ **School Phone:** \_\_\_\_\_

**BCMID-ID:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

### Parent Information

**Father Name(or Legal Guardian):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Address City State Zip

**Day Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Monthly Income:** \_\_\_\_\_

**Other Monthly Income: (child support, Alimony, Disability, SSI)** \_\_\_\_\_

**Total Current Monthly Income:** \_\_\_\_\_ **Attached:**  1040  1040-A  EZ Tax Form

**Mother Name(or Legal Guardian):** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Address City State Zip

**Day Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Monthly Income:** \_\_\_\_\_

**Other Monthly Income: (child support, Alimony, Disability, SSI)** \_\_\_\_\_

**Total Current Monthly Income:** \_\_\_\_\_ **Attached:**  1040  1040-A  EZ Tax Form



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### Other Dependents in Household:

| Name  | Relationship to Camper | Age   | (Please Circle One) |         |       |
|-------|------------------------|-------|---------------------|---------|-------|
| _____ | _____                  | _____ | Employed            | Student | Other |
| _____ | _____                  | _____ | Employed            | Student | Other |
| _____ | _____                  | _____ | Employed            | Student | Other |
| _____ | _____                  | _____ | Employed            | Student | Other |
| _____ | _____                  | _____ | Employed            | Student | Other |

**Please note additional documentation may be requested by the DYS Scholarship Committee. If all information is not received prior to the deadlines specified, your child may not be eligible for a scholarship.**

Please describe any extenuating or special circumstances that you would like the DYS Scholarship Committee to consider when your application is reviewed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Previous DYS Camp Attendance:

DYS Camp Name: \_\_\_\_\_ Year \_\_\_\_\_ DYS Scholarship Awarded  Yes  No

DYS Camp Name: \_\_\_\_\_ Year \_\_\_\_\_ DYS Scholarship Awarded  Yes  No

DYS Camp Name: \_\_\_\_\_ Year \_\_\_\_\_ DYS Scholarship Awarded  Yes  No

DYS Camp Name: \_\_\_\_\_ Year \_\_\_\_\_ DYS Scholarship Awarded  Yes  No

Please state the amount you are able to pay towards the DYS 2012 Camp Fees: \_\_\_\_\_

My child would like to attend DYS Camp because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The Diabetes Youth Services Camp Scholarship Committee will review your request and you will be notified by DYS if you qualify for a total or partial scholarship. The camp fee DYS charges, only covers a fraction of the actual cost DYS incurs in order to provide the camp experience for your child.

**The information provided on this form is complete and accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date