

APPLICATION FOR FINANACIAL 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, 2009 for Big Shots or June 1 2009 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 : _____

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

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 Pre-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=\$175]

My child would like to attend camp because _____

The Diabetes Youth Services Camp Scholarship Committee will review your request and you will be notified in a timely manner to meet fee deadlines if you qualify for total or partial financial assistance. 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 ____/____/____