

**AMERICAN DIABETES ASSOCIATION**

**APPLICATION FOR CAMP FINANCIAL ASSISTANCE**

This application must be completed in its entirety.

**PLEASE PRINT**

Please attach a copy of your most recent 1040, 1040-A or EZ tax form.

Email or mail all information to [youth@diabetes.org](mailto:youth@diabetes.org) or American Diabetes Association, Youth Initiatives, 1701 N. Beauregard Street, Alexandria VA 22314.

NAME OF CAMPER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

DATE DIAGNOSED \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

NUMBER OF YEARS CHILD HAS ATTENDED CAMP: \_\_\_\_\_

**FATHER'S NAME:** \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PLACE OF EMPLOYMENT:  
\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_

ADDRESS (if different) \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

PLACE OF EMPLOYMENT:  
\_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK TELEPHONE: \_\_\_\_\_

TOTAL ANNUAL INCOME: FATHER: \_\_\_\_\_ MOTHER: \_\_\_\_\_

Please attach a copy of your 1040, 1040-A or EZ tax form.

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

NAME OF CAMP APPLIED TO: \_\_\_\_\_

ADDRESS OF CAMP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE \_\_\_\_\_

DATE/SESSION OF CAMP: \_\_\_\_\_

**PLEASE NOTE:** This application is not a camp registration form to attend camp. This is to request financial assistance only.

HAVE YOU SUBMITTED A CAMP REGISTRATION FORM FOR THE ABOVE CAMP?

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*Note: You must be registered to apply 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

Total Camp Fee: \$ \_\_\_\_\_

Amount you can pay toward Camp Fee: \$ \_\_\_\_\_

I (MY CHILD) WOULD LIKE TO ATTEND CAMP BECAUSE: (Use reverse if needed)

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

ARE YOU/YOUR CHILD A MEMBER OF THE AMERICAN DIABETES ASSOCIATION?

\_\_\_\_ YES \_\_\_\_ NO

If NO, would you like to receive membership information? \_\_\_\_\_

You will be notified by the American Diabetes Association if you qualify for total or partial financial assistance. Please submit your camp application to the camp with a notation that you have applied to the American Diabetes Association (ADA) for aid. We will advise you and the camp of the financial aid decision.