

2020 FINANCIAL AID APPLICATION

The following application is for campers and families who are interested in pursuing financial aid. <u>Only fully completed applications will be accepted</u>. Applications are due a minimum of two weeks prior to the session you are applying for. Scholarships are awarded on the basis of income, need and merit. The financial aid committee is most interested in how camp will change the individual's life and/or why they want to attend camp.

Applicants will need to attempt to raise funds through their own fund-raising efforts; there are no full scholarships available (materials provided with this application may be helpful to your family). Begin your own fundraising efforts as soon as you have a confirmed space at camp.

Once our committee meets, we will contact you by mail as to the amount of the scholarship and what part of the fee you will be personally responsible for.

All information is kept confidential. Information is not shared with general camp staff or counselors.

Check List

The following items must be returned

- □ 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 AFDC notification/Or
 - 3. Current FDPIR notification
 - 4. Copy of Medi-Cal statement
- Fully completed questionnaire from Diabetes Camping and Educational Services, Inc.
- Create a Fundraising Page through www.firstgiving.com/DiabeticYouthServices
- □ Copy of letter written by you or camper for fundraising within community.
- □ At least two weeks before you desired session, scan and email documents to info@diabetescamping.org or mail to:

Diabetes Camping and Educational Services 12045 E. Waterfront Drive Playa Vista, CA 90094 Fax: (909) 752-5354

2020 Financial Aid Application

Camper Name:			_Session:			
Home telephone: ()	ome telephone: () Work/Other telephone: ()					
Mailing address:						
Has child been to diabetes	camp before?	List year(s)				
Amount of Scholarship pri	or year (if applicable))				
How much of the full cam	o fee does your famil	y expect to pay? _				
Number of adults in household:		children in h	_ children in household:			
Name of child's school		School location	School location (city)			
What County does your fa	mily reside in (circle)	?				
Imperial Kern San Bernardino Other		Orange Santa Barbara				
Fill in applicable information	on and attach approp	oriate documentat	ion materials:			
Food Stamp Case Number	:					
TANF Number:			-			
CALWorks Case Number:_			_			
MediCal Identification Nur	nber:		_			
Foster Care Case Number:			_			
fees, Social Security incom	not limited to, compe ne, interest income, in stance payments, pen sts and any other sou	nsation for service nvestment income nsion income, child urce of income for	es, wages, salary, commissions, , unemployment d support payments, alimony,			

lain why it is ir				
lain why it is ir				

Explain what you learned from camp or expect to learn from camp if this will be your first experience. <u>OR</u> Write, draw, or in some way express what camp means to you and why you want to come.

Camper must complete one of the following:

Sample Letter

*** This is a sample letter that may serve as a guideline for your own efforts in soliciting donations for the camp tuition. Use it as a guideline to create your own letter. Donation checks must be made out to Diabetic Youth Services, Inc. Acknowledgement of donation for tax purposes will be sent to donor directly from this office. A personal thank you from the camper or family is a highly effective way to guarantee continued support. We encourage you to thank each donor in writing. Attach a pledge form to each letter that you send. The donor will fill it out and send it with their donation directly to DYS. Remember to enclose a copy of your letter and list of whom you sent it to with your completed financial aid application.

Dear Social Service Club;

My name is Ted; I am thirteen years old. When I was eight years old, the doctor told my parents that I was now diagnosed with Type 1 diabetes. I take shots of insulin three times a day and poke my finger to test my blood six times a day. Sometimes I get tired of having to do all of this and explain all of it to my friends. It makes me feel different. One day at school my blood sugar got too low and I felt really sick. All of the kids were looking at me and asking silly questions. This embarrassed me.

Last year I went to Camp Conrad Chinnock. All of the kids at this camp are also living with Type 1 diabetes. I didn't feel different! It was so special to finally met kids who truly understand the day to day struggles of living with Type 1 diabetes. This year, I am in need of financial support. The camp cost is \$650. I am trying to raise money so that I can go to camp.

Diabetes Camping and Educational Services, Inc. gave me a form to send to you, so that you can send them a donation directly. They will put all donations toward my camp fee. They will send an acknowledgement letter for tax purposes to you. They will also let me know you sent a donation so I can send you a thank you.

Here is a picture of me testing my blood (riding my bike, swimming, playing).

Thank you for your support!

James S.
Anaheim, CA

Camp is "Where All the Stars Come Out"

Join with others in your community in sponsoring a child with diabetes to camp this summer. Camp Conrad Chinnock is the only residential camping program, in Southern California, for diabetic children and their families. Owned and operated by Diabetic Youth Services, Inc., and located in the San Bernardino National Forest, Camp Conrad-Chinnock offers recreational, social and educational opportunities for children with diabetes.

At camp, children find a safe harbor, a place to belong. A place where everyone speaks the same language and shares the same fears and frustrations. A place where the large volunteer medical and trained program staffs help the gather the tools, they will need to reach their dreams.

Please give a child from your community the experience of a lifetime. Send your tax-deductible donation today.

Name:	Total donation:
Mailing Address:	City:
State:Zip:Camper Name:_	
Diabetes Camping and Educational Services 12045 E. Waterfront Drive Playa Vista, CA 90094	310-751-3057 / info@diabetescamping.org United Way #51258 FEDERAL TAX I.D. #95-3897543

www.diabetescamping.org