

**THE BARTON CENTER for DIABETES EDUCATION, INC.**  
**FINANCIAL ASSISTANCE/CAMPERSHIP APPLICATION**

*Please be aware that our campership funds are limited.  
 Financial assistance is available on a first-come, first-served, sliding-scale basis.*

Campership funding will only be considered if a copy of the following is attached:  
**IRS tax return, W-2 form, or another form which verifies income**

Camper Name: \_\_\_\_\_

<u>Clara Barton Camp, Camp Joslin &amp; Other Residential Programs</u>		<u>Day Camp Programs</u>	
REGISTRATION FEE ENCLOSED:	\$25.00	REGISTRATION FEE ENCLOSED:	\$25.00
AMOUNT FAMILY WILL CONTRIBUTE:	\$	AMOUNT FAMILY WILL CONTRIBUTE:	\$
AMOUNT OF ASSISTANCE REQUESTED:	\$	AMOUNT OF ASSISTANCE REQUESTED:	\$
<b>TOTAL</b>	<b>\$</b>	<b>TOTAL</b>	<b>\$625.00</b>
For one-week sessions, above must total \$1,160.			
For two-week sessions and LIT programs, above must total \$2,295.			
For Adventure Programs, above must total \$2,345.			
For Wilderness Leadership Programs, above must total \$2,070.			
For Family Camp, total varies according to size of family.			

**Number in household:**

List total number of persons living in your house who are included in your living expenses: \_\_\_\_\_

**Please list:**

Last names of parents/guardians: \_\_\_\_\_

First names of parents/guardians: \_\_\_\_\_

**Household income:**

Include wages of ALL working members of the household, welfare payments, pensions, child support, alimony, unemployment, social security, and any other income.

**Annual gross income:** \_\_\_\_\_

Campership awards are based strictly on total income and number in household. If you feel you have extenuating circumstances which may have a bearing on your eligibility, please explain below. (Attach another sheet if needed.)

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

Please read and complete: I/We give permission for The Barton Center to use our name and our child's name to fund raise for campership assistance specifically for our family (i.e.: with civic groups in our area). Notification of awards will be sent by mail. If awarded a campership, **I/We understand that my child must send a thank you letter to "the sponsor,"** and forward it to The Barton Center. I/We understand that any campership awarded will be reduced in the event of a credit balance from outside groups and/or parent/guardian payments. *In the event of such overpayment, campership funds awarded by The Barton Center will be used to assist another camper.*

**Signature of parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**RETURN THIS FORM WITH APPLICATION TO:**  
**The Barton Center, P.O. Box 356, North Oxford, MA 01537**  
 ~ All information included will be held strictly confidential ~  
 Camp Joslin is operated by The Barton Center for Diabetes Education, Inc.