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.

DEADLINE TO APPLY FOR FINANCIAL AID IS WITHIN TWO WEEKS OF CAMP REGISTRATION. YOUR APPLICATION MUST BE ACCOMPANIED BY A COPY OF YOUR 2019 FEDERAL TAX RETURN. IF YOU HAVE NOT COMPLETED YOUR 2019 TAXES, PLEASE SEND 2018 FEDERAL TAX RETURN AND 2019 W-2 FORMS. IF TAX FORMS ARE NOT RECEIVED, CAMPER REGISTRATION IS CANCELLED.

Camper Name: __________________________________________________________________________

Clara Barton Camp, Camp Joslin & Other Residential Programs

<table>
<thead>
<tr>
<th>REGISTRATION FEE ENCLOSED:</th>
<th>AMOUNT FAMILY WILL CONTRIBUTE:</th>
<th>AMOUNT OF ASSISTANCE REQUESTED:</th>
<th>TOTAL</th>
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</thead>
<tbody>
<tr>
<td>$50.00</td>
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For one-week sessions, above must total $1,400.*

For two-week sessions and CIT programs, above must total $2,635.

For three-week session, above must total $4,170.**

For New England Adventure, above must total $2,900.

For Vermont Overnight Camp, above must total $1,285.

Day Camp Programs*

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<td>$50.00</td>
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<td>$700.00</td>
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For DAY CAMP CIT programs, above must total $375.

*Financial aid is only available for children with diabetes.

**PLEASE NOTE—MAXIMUM AMOUNT OF CAMPERSHIP THAT MAY BE AWARDED FOR 3-WEEK SESSION IS $2,585.

NOTE: Campership recipients are not eligible for financial assistance in subsequent years if the cancellation policy outlined on the Registration & Fee Information Sheet is not followed and/or if they do not submit a thank you letter or card that we may share with their sponsor.

Number in household:
List total number of persons living in your house (this should be #dependents claimed on taxes): ____________

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:
1. ____________________ (earnings and wages)
2. ____________________ (child support and/or alimony)
3. ____________________ (social security, retirement, unemployment, etc.)
TOTAL: $ ______________________________________

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 (recent unemployment, catastrophic medical expenses), please attach a separate letter explaining and submit supporting information or other form of verification.

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 Barton 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 ~