

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

*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 2021 FEDERAL TAX RETURN. IF YOU HAVE NOT COMPLETED YOUR 2021 TAXES, PLEASE SEND 2020 FEDERAL TAX RETURN AND 2021 W-2 FORMS. IF TAX FORMS ARE NOT RECEIVED, CAMPER REGISTRATION IS CANCELED.**

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

<b>Clara Barton Camp, Camp Joslin &amp; Other Residential Programs</b>		<b>Day Camp Programs</b>	
REGISTRATION FEE ENCLOSED:	\$50.00	REGISTRATION FEE ENCLOSED:	\$50.00
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>\$600.00</b>
For one-week sessions, above must total \$1,450.		For DAY CAMP CIT programs, above must total \$300.	
For two-week sessions, above must total \$2,735.			
For CBC & CJ CIT programs, above must total \$2,735.			
For New England Adventure, above must total \$3,000.			
For Vermont Overnight Camp, above must total \$1,335.			

Financial aid is only available for children with diabetes.

**PLEASE NOTE-MAXIMUM AMOUNT OF CAMPERSHIP THAT MAY BE AWARDED IS \$2,685.**

**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 ~*