

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 2024 FEDERAL TAX RETURN. IF YOU HAVE NOT COMPLETED YOUR 2024 TAXES, PLEASE SEND 2023 FEDERAL TAX RETURN AND 2024 W-2 FORMS. IF TAX FORMS ARE NOT RECEIVED, CAMPER REGISTRATION IS CANCELED.

Camper Name: _____

<u>Clara Barton Camp, Camp Joslin & Other Residential Programs</u>		<u>Day Camp Programs</u>	
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:	\$
TOTAL	\$	TOTAL	\$
For one-week sessions, above must total \$1,600.		For Danvers Day Camp, above must total \$570.	
For two-week sessions and CIT programs, above must total \$3,050.		For Rainbow Cub, Long Island, and Worcester Day Camp, above must total \$700.	
For Vermont Overnight Camp, above must total \$1,450.		For DAY CAMP CIT programs, above must total \$400.	

Financial aid is only available for children with diabetes.

PLEASE NOTE-MAXIMUM AMOUNT OF CAMPERSHIP THAT MAY BE AWARDED IS \$3,000.

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 ~