Financial Aid Instructions 2021

IMPORTANT INFORMATION FOR APPLICANTS:

1. Applications must be completed in FULL in order to be processed. If a certain question does not apply to you, please enter N/A (not applicable) so we know you did not miss that question.

2. The information that you provide will be checked and we may ask you to send additional information.

3. Please make sure to enclose the first two pages of your entire household’s completes Federal Income tax forms for the year 2019. Where applicable, return additional documentation with your application (e.g. social security, child support, alimony, etc.) to prevent delays in processing. If not provided, this will delay review of your application.

4. Campership assistance can range from 10% to 100% and is based on the USDA Family Size/Income Scale for Free Meals and other factors.

5. Campershio Applications are reviewed by a committee. Campershions will be provided on a first come, first serve basis. We are only able to provide campershions to NJ residents at this time.

Please note: This information is protected by HIPAA, but we ask for your social security number to be blocked or whited out when submitting if possible.

Please complete the application and submit as soon as possible.
2021 FINANCIAL AID APPLICATION
Incomplete applications will not be processed

Camper’s Name_________________________________________ Date of Birth________________________

Address____________________________________________________________________________________

City_______________________ State ______ Zip Code _____________ County ________________________

Parent/Guardian completing application________________________________________________________

Address____________________________________________________________________________________

City_______________________ State ______ Zip Code _____________

Camper lives with □ Both Parents □ Single Parent □ Relative □ Foster Family □ Other ___________

Total number of people in household____________

How much of the full camp fee does your family expect to pay? ________________

<table>
<thead>
<tr>
<th>Type of Income:</th>
<th>Acceptable Proof of Income Documentation</th>
<th>Amount of Gross Income Per Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Earnings &amp; Wages</td>
<td>First two pages of 2019 tax return (camper must be listed as dependent)</td>
<td>$</td>
</tr>
<tr>
<td>2. Child support and/or alimony</td>
<td>Court order paper for child support and/or alimony</td>
<td>$</td>
</tr>
<tr>
<td>3. Social Security, retirement,</td>
<td>Letter from U.S. Government detailing social security or</td>
<td>$</td>
</tr>
<tr>
<td>government support</td>
<td>government support, or 2019 retirement income document</td>
<td></td>
</tr>
</tbody>
</table>

If your income is $0, how do you pay for food, housing, and other living expenses? Please attach a separate sheet of paper with that information.

DCP&P (formerly DYFS) – Fill out section below if child is currently working with a caseworker. Many agencies will assist with payment.

Case worker’s name____________________________________

County agency and phone number______________________________________________________________

What is the best time and phone number to call and review your financial aid application?

Time_________________________ Phone Number ____________________________________________

I certify that all of the information included on this application is true and correct and that all income is reported. I understand that this information is being given for the possibility of financial aid from the Diabetes Foundation. Program officials may verify the information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of Parent/Guardian completing application__________________________________________

Date__________________