

AMERICAN DIABETES ASSOCIATION **Camp Carefree**
FINANCIAL ASSISTANCE APPLICATION

This application must be completed in its entirety.

We realize that some people won't have their tax forms back by March 30th. Please fill this application out to the best of your knowledge, and indicate your tax form is forthcoming. **Then, upload to your dashboard or return the form by March 30th to:**

Wendy Pack
ADA Camp Carefree
PO Box 2118
Wolfeboro, NH 03894

wendy@campcarefreekids.org
FAX to: 1-617-507-3471

Print all information

NAME OF CAMPER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE : _____
DATE DIAGNOSED _____ DATE OF BIRTH: _____
NUMBER OF YEARS CHILD HAS ATTENDED CAMP: _____

FATHER'S NAME: _____
ADDRESS (if different than camper) _____
CITY: _____ STATE: _____ ZIP CODE: _____
PLACE OF EMPLOYMENT: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____
MOTHER'S NAME: _____
ADDRESS (if different than camper) _____
CITY: _____ STATE: _____ ZIPCODE: _____
PLACE OF EMPLOYMENT: _____
HOME TELEPHONE: _____ WORK TELEPHONE: _____

Are there any extenuating or special circumstances that you would like considered when your application is reviewed?

List other persons living in your household for whom you provide financial support but do not claim on your taxes.

NAME	RELATIONSHIP TO CAMPER	AGE	STATUS – please circle one		
			Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other
_____	_____	_____	Employed	Student	Other

PLEASE NOTE: This application is not a camp registration form to attend camp. This is to request financial assistance only.

HAVE YOU SUBMITTED A CAMP APPLICATION FOR THE ADA CAMP CAREFREE?
 YES NO

***Note: You must be registered to apply for financial assistance.**

PLEASE STATE THE AMOUNT YOU ARE ABLE TO PAY TOWARDS THE CAMP
 REGISTRATION FEE: \$_____

You will be notified as to your request for financial assistance and any amount awarded as soon as possible.

Please attach (or send as soon as possible) a copy of the first page of your most recent or previous year's 1040, 1040-A or EZ tax form. Please white out all social security numbers.