



## Financial Aid Instructions 2024 (2 Pages)

Camp1 truly appreciates the charitable support of the many donors whose contributions make it possible to offer camperships to families in need each summer. For these campers, participation in Camp1 would not be possible!

### IMPORTANT INFORMATION FOR APPLICANTS:

1. In order for us to process your application in a timely manner, please be sure to write an answer for each question.
2. The information that you provide will be checked and we may ask you to send additional information.
3. Campership eligibility is based on a number of factors and will be reviewed by a committee. Letters of determination informing you of any campership award, or ineligibility, are issued on a rolling basis.
4. If there are extenuating circumstances, we encourage families to attach a letter to this application. We will absolutely take your situation into consideration!

Please complete the application and submit as soon as possible. All financial information you provide is confidential. Should you require additional assistance, or have any questions or concerns, please email [camptype1@hotmail.com](mailto:camptype1@hotmail.com).



## 2024 FINANCIAL AID APPLICATION

Camper: \_\_\_\_\_ DOB: \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Parent/Guardian completing application: \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

Email address: \_\_\_\_\_

Why are you asking for a scholarship to camp?

Our household participates in the following:

School Fee Waiver \_\_\_\_\_

Free or Reduced Lunch Program at school \_\_\_\_\_

Medicaid \_\_\_\_\_

Illinois Link/Supplemental Nutrition Assistance Program \_\_\_\_\_

How long has your Camper had T1D? \_\_\_\_\_

Endocrinology Practice and Doctor \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

School District and Nurse \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

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 Camp1 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 and Printed Name of Parent/Guardian completing application:

\_\_\_\_\_ Date: \_\_\_\_\_