

**Southeastern Diabetes Education Services  
2019 Scholarship Application**

Needs based scholarships are provided with donations we receive. They are reserved primarily for families with incomes 250% or less of Federal Poverty Level guidelines. To request a scholarship, please print clearly and return to SDES, 500 Chase Park South, Suite 104, Birmingham, AL 35244, at least 30 days before the camp for which you are requesting a scholarship. Only diabetic children are eligible for a scholarship. All information is strictly confidential. Income verification is required.

SDES seeks scholarship funding from civic clubs, foundations, companies, and individuals. Do you give permission for your child's/family's name to be provided to a scholarship source if they make an award to your child/family?

Yes     No

Child's Name _____	Date of Birth _____
Address _____	
City _____	State _____ Zip Code _____

Father's/Guardian's Name _____	
Home/Cell Phone _____	Email _____
Employer _____	Job Title _____
Work Phone: _____	Gross Monthly Wages (before taxes/deductions) \$ _____
Mother's/Guardian's Name _____	
Home/Cell Phone _____	Email _____
Employer _____	Job Title _____
Work Phone: _____	Gross Monthly Wages (before taxes/deductions) \$ _____
Other household income per month (example: SSI, child support, alimony, IRS rebate):	
_____	\$ _____
_____	\$ _____
Total ADJUSTED GROSS INCOME for the <u>Household</u> _____ \$ _____	
(From your IRS Income Tax Return: Form 1040 line 37; Form 1040A line 21; or 1040EZ line 4.)	
Please attach a copy of the first two pages of IRS Form 1040, 1040A, or 1040EZ with this application or other proof of income if you do not have tax forms. Income total is for <u>all</u> members of household or both parents.	

Other Dependents in Household	Relationship to Child	Age	Type 1 Diabetes? Yes/No	Circle		
_____	_____	_____	_____	Employed	Student	Other
_____	_____	_____	_____	Employed	Student	Other
_____	_____	_____	_____	Employed	Student	Other
_____	_____	_____	_____	Employed	Student	Other

Does your child receive free or reduced-priced meals at school?  Yes  No

Is your child enrolled in Medicaid?  Yes  No Medicaid # \_\_\_\_\_

Is your child's Camp Fee being partially sponsored by any organization, business, or individual?  Yes  No

Please list name/address/phone number of sponsor(s): \_\_\_\_\_

\_\_\_\_\_ Amount \$ \_\_\_\_\_

Are you participating in the **2019 Diabetes WALK for Camp Seale Harris** to raise money for camp fees?  Yes  No  
If not, visit [campsealeharris.org](http://campsealeharris.org) for more information. Participation in **2019 Diabetes Walk for Camp Seale Harris** or other Camper Fundraising is expected for scholarship review. Any family can participate any time of year in any location. Call us at 205-402-0415 in AL or 850-312-8849 in FL to help you get started.

Only one financial aid scholarship for overnight camp, plus one scholarship for day camp, per child/family per calendar year (January-December) is available. However, any family can raise funds through the **Diabetes WALK** or from a sponsor to be applied to additional camps. All funds raised apply to camp fees each calendar year.

Camp session(s) for which you are requesting a scholarship \_\_\_\_\_  
(1 Overnight session, 1 Day Session) Example: Senior Week, Dothan Day Camp, etc.

Camp Fee according to the Camp Fee Schedule on the Camp brochure/online registration \$ \_\_\_\_\_

\*Amount of Camp Fee you can pay (you may need full or only partial assistance) \$ \_\_\_\_\_

Are there any additional financial hardships we should consider? My child is in need of a scholarship because . . .  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have provided is true and correct.

Parent's/Guardian's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Please return this application and your proof of income documents to:

Southeastern Diabetes Education Services  
500 Chase Park South  
Suite 104  
Birmingham, AL 35244  
or  
Fax: 205-402-0416

Call our office at 205-402-0415 or 850-312-8849 with any questions.

The 2018 poverty guidelines are in effect as of January 13, 2018.  
See also the [Federal Register notice of the 2018 poverty guidelines](#), published January 18, 2018

2018 POVERTY GUIDELINES FOR THE 48 CONTIGUOUS STATES AND THE DISTRICT OF COLUMBIA	
PERSONS IN FAMILY/HOUSEHOLD	POVERTY GUIDELINE
<small>For families/households with more than 8 persons, add \$4,320 for each additional person.</small>	
1	\$12,140
2	\$16,460
3	\$20,780
4	\$25,100
5	\$29,420
6	\$33,740
7	\$38,060
8	\$42,380

**\*Important: A scholarship application DOES NOT reserve your child's place at camp. Registration completed online and a \$25 deposit reserves his/her place and is required for a scholarship application to be considered. You may make deposit by phone or mail if unable to register online.**