

Southeastern Diabetes Education Services – Camp Seale Harris Scholarship Application

Any family can raise money for camp fees with a Diabetes Walk Team. There is no income qualifier (www.campsealeharris.org/diabeteswalk). Needs-based scholarships are provided by donations. They are reserved primarily for families with incomes 250% or less of Federal Poverty Level guidelines. To request a scholarship you must first register for camp with \$25 deposit at www.campsealeharris.org/register. Then complete the online scholarship application during registration or complete this form and return to SDES, 500 Chase Park South, Suite 104, Birmingham, AL 35244. 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 or email a photo of the first page of IRS Form 1040 (A)(EZ) with this application or other proof of income if you do not have tax forms. Income total is for <u>all</u> parents/guardians. | |

| 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 **2020 Diabetes WALK for Camp Seale Harris** to raise money for camp fees? Yes No
If not, visit campsealeharris.org for more information. Participation in **2020 Diabetes Walk for Camp Seale Harris** or other Camper Fundraising is expected for scholarship participation. 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
Email: nicole@campsealeharris.org

Federal Poverty Guidelines or "FPL" are below. The FPL FPL are used by many assistance programs to set eligibility eligibility criteria. SDES-CSH uses as a guide to reserve donated assistance to those with the greatest need first.

| Persons in Household | 48 Contiguous States and D.C. Poverty Guidelines | | | | | |
|----------------------|--|----------|----------|----------|----------|-----------|
| | 100% | 133% | 138% | 150% | 200% | 250% |
| 1 | \$12,140 | \$16,146 | \$16,753 | \$18,210 | \$24,280 | \$30,350 |
| 2 | \$16,460 | \$21,892 | \$22,715 | \$24,690 | \$32,920 | \$41,150 |
| 3 | \$20,780 | \$27,637 | \$28,676 | \$31,170 | \$41,560 | \$51,950 |
| 4 | \$25,100 | \$33,383 | \$34,638 | \$37,650 | \$50,200 | \$62,750 |
| 5 | \$29,420 | \$39,129 | \$40,600 | \$44,130 | \$58,840 | \$73,550 |
| 6 | \$33,740 | \$44,874 | \$46,561 | \$50,610 | \$67,480 | \$84,350 |
| 7 | \$38,060 | \$50,620 | \$52,523 | \$57,090 | \$76,120 | \$95,150 |
| 8 | \$42,380 | \$56,365 | \$58,484 | \$63,570 | \$84,760 | \$105,950 |

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

***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.**