

Southeastern Diabetes Education Services – Camp Seale Harris Scholarship Application

Unsure if you can afford the cost of diabetes camp? Any family can apply for full or partial Camp Scholarships in online registration, or by faxing/ mailing this form to Camp Seale Harris. Scholarships are primarily approved for families with incomes 250% or less of Federal HHS Poverty Level guidelines (see chart), or other extenuating financial circumstances. To request a scholarship, you must first **register for a camp session** with \$25 deposit at campsealeharris.org/register. Then, complete either the online scholarship application or complete hardcopy form and return by mail, fax, or email (see below). All information is strictly confidential. Income verification is required.

Families at any/all income levels can raise money for their own camp fees with a **Diabetes Walk Team**. There is no income qualifier or application required to receive a **Diabetes Walk Sponsorship** from funds raised by Walk Teams. Register here for Diabetes Walk: campsealeharris.org/diabeteswalk.

SDES seeks scholarship funding from civic clubs, grants, companies, and individuals. Do you give permission for your child's/family's name to be shared with a scholarship source? Yes No

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

Parent 1/Guardian's Name _____	
Best Contact Phone #: _____	Email _____
Employer _____	Job Title _____
Gross Monthly Wages (before taxes/deductions) \$ _____	
Parent 2/Guardian's Name _____	
Best Contact Phone #: _____	Email _____
Employer _____	Job Title _____
Gross Monthly Wages (before taxes/deductions) \$ _____	
Other household income per month (example: SSI, child support, alimony):	
_____	\$ _____
Total ADJUSTED GROSS INCOME for the Household _____	
(IRS Income Tax Return: Form 1040 line 37; Form 1040A line 21; or 1040EZ line 4) _____	
Please attach one of the following:	
<ul style="list-style-type: none"> • copy or photo of the first page of parent(s) IRS Form 1040 • other proof of income if you do not have tax forms • copy of child's Medicaid card 	

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

Does your child qualify for 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 \$ _____

Will you participate in the **Diabetes WALK for Camp Seale Harris** to raise money for camp fees? Yes No
Any family can participate any time of year in any location or online. Call us at 205-402-0415 in AL or 850-312-8849 in FL to help you get started or get more info at campsealeharris.org/diabeteswalk

Camp session(s)/date for which you are requesting a scholarship _____
See brochure or campsealeharris.org for names/dates. 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 if any (you may need full or only partial assistance) \$ _____

Are there any additional family or financial hardships or concerns we should consider?
My child/family needs a camp 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: sarah@campsealeharris.org

HHS Poverty Guidelines for all 48 contiguous states are listed below.
SDES-CSH uses these as a guide to provide donated assistance to those with the greatest need first. If you don't meet this income guidelines, please detail extenuating circumstance/need above.

Poverty Guidelines, 48 Contiguous States (all states except AK and HI)

Household/Family Size	100%	133%	135%	138%	150%	200%	250%
1	\$12,880	\$17,130	\$17,388	\$17,774	\$19,320	\$25,760	\$32,200
2	\$17,420	\$23,169	\$23,517	\$24,040	\$26,130	\$34,840	\$43,550
3	\$21,960	\$29,207	\$29,646	\$30,305	\$32,940	\$43,920	\$54,900
4	\$26,500	\$35,245	\$35,775	\$36,570	\$39,750	\$53,000	\$66,250
5	\$31,040	\$41,283	\$41,904	\$42,835	\$46,560	\$62,080	\$77,600
6	\$35,580	\$47,321	\$48,033	\$49,100	\$53,370	\$71,160	\$88,950
7	\$40,120	\$53,360	\$54,162	\$55,366	\$60,180	\$80,240	\$100,300
8	\$44,660	\$59,398	\$60,291	\$61,631	\$66,990	\$89,320	\$111,650
9	\$49,200	\$65,436	\$66,420	\$67,896	\$73,800	\$98,400	\$123,000
10	\$53,740	\$71,474	\$72,549	\$74,161	\$80,610	\$107,480	\$134,350

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