

This Page to be Completed by Parent/Guardian:

PAYMENT OPTIONS AND FINANCIAL AID

Costs: Sports Camp: \$575.00; Adventure Camp: \$575.00; PeeWee Camp: \$500.00; Tallahassee Camp: \$450.00; Winona Sessions: \$525.00

Camper's Name _____ Session _____

1. _____ FAMILY IS ASSUMING RESPONSIBILITY FOR PAYMENT OF ALL CAMP FEES.

- _____ A. Full payment enclosed (cost in front) \$ _____ By check/money order or Charge Card below
- _____ B. Please Contact the Financial Aid Director at (352) 334-1470 to arrange **Payment Plans** and dates to run credit/debit cards

Debit or Credit (please circle - Visa/MasterCard/American Express/Discover Card)		
Card Number _____ - _____ - _____ - _____	Exp. Date ____/____	Security Code # _____
Card Holder's Name _____		
Cardholder's Billing Address _____		City/State _____ Zip _____
Signature _____		

2. _____ SPONSORSHIPS AND FINANCIAL AID: This section must be filled out completely

FCCYD policy states that all eligible children can attend regardless of amount of fee family can pay. However, FCCYD is a private not-for-profit organization and is not affiliated with any national diabetes charity. Therefore, a limited amount of scholarship money is available. We ask that all families pay as much of the fee as they can so that we may assist as many campers as possible. A sliding scale is used to determine scholarship awards.

A. A \$25.00 deposit must be sent with all applications. Please enclose Check/Money Order or fill out Debit/Credit Card Information above and date to run card.

B. Based on your current income, **total amount** you can pay (including deposit) \$ _____

C. I already have a **sponsor** (name) _____ They have pledged: \$ _____

D. Total Household Income

	Place of Employment	Position	Monthly Income before taxes
Mother	_____	_____	_____
Father	_____	_____	_____
Step-parent	_____	_____	_____
Step-parent	_____	_____	_____
Grandparent	_____	_____	_____

E Other Sources of Income: Child Support: \$ _____ monthly
 Disability, social security, retirement, unemployment: \$ _____ monthly

F. Other required information:

Is camper in **foster** care? YES NO Caseworker Name & phone number: _____

Is household eligible for **food stamps**? YES NO

Is camper eligible for **reduced or free school lunch**? YES NO

Is camper eligible for **Medicaid** (Medicaid does NOT pay for camp)? YES NO

Is camper seen by **Children's Medical Services (CMS)**? YES NO

CMS Care Coordinator Name: _____ Phone _____

You must submit a copy of your Medicaid or CMS Network Card if applicable

G. Is there a special financial situation that may require our consideration?

Please apply as early as possible for financial aid and scholarships as resources are limited. Families are encouraged to contact service clubs, business, churches, and organizations such as Kiwanis, Rotary, Lions, Eagles, Veteran's Groups, etc in your area for sponsorships. The American Diabebetes Association (ADA) also provides a limited number of scholarships for children to attend camp. CMS (Children's Medical Services) will no longer pay camp fees and Medicaid does not pay for camp either. Consequently, all CMS and Medicaid clients must apply for financial aid through the Florida Diabetes Camp. Please complete the above application in full and send it along with your completed application and a \$25.00 deposit to the camp office. The goal of our financial aid director is to help as many deserving families as possible attend camp.