



**Camp John Warvel
Campership/Financial Aid Application**
**** EVERY LINE ITEM MUST BE COMPLETED ****
 CONFIDENTIAL FAMILY INFORMATION FOR CAMPERSHIP



OFFICE USE ONLY

PERCENTAGE / AMOUNT APPROVED

Please Print

CHILD'S LAST NAME	FIRST NAME	AMOUNT CAMPER CAN PAY
ADDRESS		AMOUNT OF CAMPERSHIP REQUESTED
CITY	STATE	ZIP
DATE OF BIRTH	AGE AT CAMP - YEARS/MONTHS	STATUS OF PARENTS: <input type="checkbox"/> BOTH AT HOME <input type="checkbox"/> SEPARATED <input type="checkbox"/> FATHER DECEASED <input type="checkbox"/> DIVORCED <input type="checkbox"/> MOTHER DECEASED

MOTHER'S OCCUPATION	MONTHLY GROSS SUMMARY
FAMILY INCOME FROM ALL OTHER SOURCES (INTEREST DIVIDENDS, ETC.)	
AFDC AMOUNT	
SOCIAL SECURITY AMOUNT	
OTHER AMOUNT	
TOTAL FAMILY INCOME	

**** NOTE: ****
YOU MUST INCLUDE
PAGE 1 (FRONT & BACK)
OF YOUR MOST RECENT
FEDERAL INCOME TAX
RETURN IN ORDER TO BE
CONSIDERED FOR
FINANCIAL ASSISTANCE

ASSETS / LIABILITIES	MONTHLY RENT/MORTGAGE	OTHER FIXED MONTHLY PAYMENTS (LIST)			
	AUTOMOBILES	NUMBER	YEAR	MAKE	
			YEAR	MAKE	
			YEAR	MAKE	
	UNUSUAL FINANCIAL OBLIGATIONS (MEDICAL, ETC.) DESCRIBE:				
OTHER FINANCIAL COMMENTS:					

FAMILY STATUS	NUMBER OF CHILDREN IN FAMILY	NUMBER OF CHILDREN IN COLLEGE	IF YOU RECEIVE SOCIAL SERVICE HELP, PLEASE COMPLETE BELOW:
	NUMBER OF ADDITIONAL HOUSEHOLD DEPENDENTS	SCHOLARSHIPS	CASE # CASE WORKER
	NUMBER OF DEPENDENTS FOR WHICH RESPONSIBLE (OUTSIDE FAMILY)		SERVICE CENTER NAME

PARENTS AUTHORIZATION: The signature below certifies the accuracy of the above information which will be used only for the purposes of evaluating camperships for the person named on line one above. The committee retains the right to give full, partial or no campership based on accurate data above. I understand that there may be more applicants than places and that acceptance into camp is not automatic.

Yes, I would be willing to donate my time to the American Diabetes Association to help defer the cost of my child's campership fee.

CAMPER'S NAME: LAST _____ FIRST _____ M.I. _____

PARENT(S) AND/OR GUARDIAN SIGNATURE

DATE

TELEPHONE NUMBER WHERE YOU CAN BE REACHED