

**This Page to be Completed by Parent/Guardian:**

**PAYMENT OPTIONS AND FINANCIAL AID**

**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. **Payment Plan:** Deposit enclosed: \$ \_\_\_\_\_ By check/money order or Charge Card below
- Next Payment \$ \_\_\_\_\_ Date to be sent \_\_\_\_\_ By check/money order or Charge Card below
- Final Payment \$ \_\_\_\_\_ Date to be sent \_\_\_\_\_ By check/money order or Charge Card below

**All Fees must be paid by first day of camp session. Contact the Financial Aid Director to arrange payment plans**

<b>Debit or Credit ( please circle - Visa/MasterCard/American Express/Discover Card)</b>		
Card Number _____ - _____ - _____ - _____	Exp. Date ____/____	Security Code # _____
Card Holder's Name _____		
Cardholder's Billing Address _____		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. Please note: By applying for financial assistance I/We give permission to FCCYD, Inc. to use our name and our child’s name when seeking campership assistance specifically for our family. **Parent/Guardian must sign:** \_\_\_\_\_

- A. A \$25.00 deposit must be sent will 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, additional amount you can pay \$** \_\_\_\_\_
- C. I already have a sponsor (name)** \_\_\_\_\_ **They have pledged: \$** \_\_\_\_\_
- D. Total Household Income – for everyone living in household & biological parents living outside home**

	Place of Employment	Position	Monthly Income before taxes
Mother	_____	_____	_____
Father	_____	_____	_____
Step-parent	_____	_____	_____
Step-parent	_____	_____	_____
Grandparent	_____	_____	_____
- E Other Sources of Income:** Child Support (monthly): \$ \_\_\_\_\_ 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** **If YES, number:** \_\_\_\_\_  
Is camper eligible for reduced school lunch? **YES NO** Is camper eligible for free school lunch **YES NO**  
Is camper eligible for Medicaid (Medicaid does NOT pay for camp) **YES NO (# required)** \_\_\_\_\_  
Is camper seen by Children’s Medical Services (CMS)? **YES NO (# required)** \_\_\_\_\_  
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 you area your area for sponsorships. 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. However, financial aid is limited and we urge you to apply early as early as possible.