



CAMPER INFORMATION:

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Guardian's Name (s): \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Child Lives With: \_\_\_\_\_

Number in Family: \_\_\_\_\_ Gross Monthly Income: \_\_\_\_\_

Does your family receive any public assistance? \_\_\_\_\_

If so, please circle all that apply and fill in policy number(s):

AFDC      Social Security      Disability      Unemployment

Medicaid      Food Stamps      Policy Numbers: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Families Annual Income: \$ \_\_\_\_\_

List Reason(s) for requesting a camp scholarship:

How Much Can the Family Contribute: \$ \_\_\_\_\_

Camp Requested: \_\_\_\_\_ Dates: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please note that you will be contacted when your application has been looked at. For further scholarship assistance please visit our webpage at: [www.diabetesnv.org](http://www.diabetesnv.org) and join the Campers4Campers Program

## Campership Application

This application must be filled out completely and signed before it can be accepted. All information will be held confidential. Please remember to include proof of income.

Return to:

Nevada Diabetes Association

Att: Camps

1005 Terminal Way

Suite 170

Reno, NV 89502

Fax: 775-348-7591

Phone: 775-856-3839