Camp NoHiLo Scholarship Application

To be completed by parents applying for scholarship to attend a DSOK summer camp. Documentation of family income must be sent with this form. Scholarships are limited.

Child's Name:	Date of Bi	rth:	Horr	Home Phone:				
"LOW-INCOME" Scholarship	l.		Total income before ta	ixes:				
		This income is (<i>please circle one</i>): MONTHLY YEARLY						
Please CIRCLE the number of people in your household:	Househo		Max Gross Monthly Income	_				
			\$ 1,594					
	2		\$ 2,008	-				
	4 5 6 Each additional member		\$ 2,422					
			\$ 2,836					
			\$ 3,249					
			Add \$ 414	-				
must submit proof of income. If your income is MORE than th "NEED" Scholarship				аррисацоп.				
Father or Guardian Name:		Mother or Gu	uardian Name:					
Employer: Work Phone:		Employer:	Work Phone:					
Occupation:		Occupation:						
Additional Income (List source and amount):								
Monthly Expenses]		
Please describe monthly expenses:	\$ AMOUNT		Please describe monthly expe	enses:	\$ /	AMOUNT		
					_			

General Information

Number of years camper has attended Camp NoHiLo or Camp Endres				(do not include years not yet attened)
Has child received financial assistance for camp in past years?	ars?		eiving schola	rship and amounts awarded:
Please list your campers last A1C test result:				

\$

Date _

Date ____

Please describe on the back of this form or attach a sepearate piece of paper, why your child should be considered for scholarship. Thank you.

How much financial assistance are you requesting? (amount cannot exceed \$60)

CERTIFICATION

I certify that the above is true and correct and hereby authorize investigation of these facts by any representative of Diabetes Solutions-OK, Inc.

Signature: Father / Guardian _ _____

Signature: Mother / Guardian ____

_ Yes! We have attached our proof of income.