

# CAMP ANGELS SCHOLARSHIP APPLICATION

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Dear Diabetic Parent,

Camp Angels was formed to help Type 1 diabetic children from financially challenged families attend camp. This year, because of the limited financial resources, we must be very careful that we are helping those that are in the most need. Scholarships will be awarded in early spring based on need and in the order that they were received, so get your application in early! To apply for a scholarship please submit the following:

- 1) This completed application (we suggest that you and your child answer the questions together)
- 2) Submit a photo of your child, and sign the photo release below for use in our fundraising efforts.
- 3) Return this application, photo and copy of your 1040 form via mail to the address below.

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date diagnosed: \_\_\_\_\_

Favorite activities: (school-related, sports, music, art, hobbies) etc.  
\_\_\_\_\_

Why do you want to go to camp?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical condition: (Please tell us about your illness, how it effects you, your family and your friends)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Camp Information:

What Camp would you like to attend? \_\_\_\_\_

What State is the camp in? \_\_\_\_\_ Camp Phone Number: \_\_\_\_\_

Camp email: \_\_\_\_\_ Dates you wish to attend: \_\_\_\_\_

Cost of Camp: \$ \_\_\_\_\_

Parents Name: \_\_\_\_\_ Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

I give permission for Camp Angels to use my child's picture in promotional material in order to raise scholarship funds for the program.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Attach a short explanation of your financial situation and copy of your 1040 form.

Submit to:  
Camp Angels  
P.O. Box 89  
Waterford, ME 04088

[campangels@live.com](mailto:campangels@live.com) [www.campangels.com](http://www.campangels.com)

(207) 583-6963

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