

January, 2010



Dear Financial Assistance Applicant:

Setebaid Services,[®] Inc. is pleased to offer limited financial assistance for children and teens to attend diabetes camps this summer. Enclosed is an application for financial assistance for The Children's Diabetes Conference, Camp Setebaid[®] or The Harrisburg Diabetic Youth Camp.

Financial assistance is available to those in need determined by the family's income level on a first-come-first-served basis. Financial assistance is not limited by race, color, religion, sex, national origin, disability, sexual orientation, or any other protected group.

Please complete the enclosed application, and return it with the \$50 processing fee and a copy of your IRS tax form (1040) for 2009. Return these items to:

Setebaid Services,[®] Inc.
Financial Assistance Request
P.O. Box 196
Winfield, PA 17889-0196

Financial Assistance will be determined by comparing your income to standard guidelines. You will be notified, by letter, when we receive your application and the results of your request. **Remember that financial assistance is limited and will be given on a first-come-first-served basis; we recommend that you return this application immediately!**

If you have any questions regarding this application, the status of your application, or the results you receive, please call Setebaid Services[®] at (570) 524-9090.

Thank you.

Diabetes Education Services and Social Support Programs

P.O. Box 196 • Winfield, PA 17889-0196 • (570) 524-9090 • Fax: (570) 523-0769 • www.setebaidservices.org

Financial Assistance Application for a Setebaid Services® Program

This is an application for financial assistance to attend a Setebaid Services,® Inc. diabetes camp. The financial assistance offered by Setebaid Services® is underwritten, in part, through grants and contributions from foundations, corporations, and individuals.

The financial assistance is limited and is available for those who qualify on a first-come-first-served basis. The Financial Assistance Committee has final say on who receives the available funds. Financial assistance is not limited by race, color, religion, sex, national origin, disability, sexual orientation, or any other protected group. Please understand that every effort will be made to offer financial assistance to families in need, but funding is not guaranteed.

By completing this application, you understand that you are providing information for use by Setebaid Services,® Inc.

Camper's Name: _____ Parent/Guardian Name: _____

Address: _____ Address: _____

City: _____ State: ____ Zip Code: _____ City: _____ State: ____ Zip: _____

Phone: (____) _____ - _____ email: _____

For which program are you applying*? Camp Setebaid® *Teen Camp at Camp Victory* HDYC
(*Please note that you may only receive financial assistance for one program) Children's Diabetes Conference

How many people are in your immediate family? ** _____ How much can you pay? *** \$ _____
***Include only the parents and dependent children in the household. ***You must pay at least \$50*

How much are you requesting? \$ _____ What is your total annual income from all sources? \$ _____

You must include a copy of your signed 1040 tax form for the year immediately preceding the year of the camp. Do NOT include W-2, schedules, or other supporting information.

Use the back of this form to briefly explain any circumstances not reflected in the family size and income stated above that requires you to request financial assistance.

By signing below, you understand that financial assistance is awarded until the financial assistance funds are exhausted based on minimum criteria and that there is no guarantee that financial assistance will be awarded. You understand that partial assistance may be awarded if you do not qualify for full assistance. You understand that the \$50 fee is non-refundable regardless of whether or not you receive financial assistance. You certify that you are acting as the legal caregiver (parent/guardian) for the child listed above, that you have provided true copies of the required tax forms, and that you have provided information truthfully and to the best of your ability. Further, you understand that if you do not return all forms on time, or if you choose to not attend the program selected above without notifying Setebaid Services® at least 2 weeks in advance, you will be responsible for paying all fees associated with the program.

Signature: X _____

Date: _____ / _____ /20

Return with \$50 processing fee and the camp registration to¹:

¹ *If you have already registered and paid \$50, return only this application. We will notify you when your Financial Assistance Request has been reviewed. Please allow 1 month for the committee to review your application.*

**Setebaid Services,® Inc.
P.O. Box 196
Winfield, PA 17889-0196**