

DIABETIC YOUTH FOUNDATION

SCHOLARSHIP FORM & PAYMENT OPTIONS

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SCHOLARSHIP ELIGIBLE PROGRAMS

The following programs are all eligible for scholarships: Bearskin Meadow Camp programs, BARC (Formerly Camp De Los Ninos), Summer Day Camps (for child with diabetes only), Spring Education Retreat, Fall Education Retreat, Teens Only Retreat.

Payment plans are available for the Teens Take Tahoe program, but scholarships are not. Payment plans for this program must be complete by June 2012.

PLEASE DETACH THIS FORM AND SUBMIT TO DYF WITH YOUR REGISTRATION FORM

Camper's Full Name: _____

Parent/Guardian's Full Name: _____

Street Address: _____

City, State, Zip Code: _____

Valid Email Address: _____

Phone Number: (_____) _____

REGISTRATION FEES

All Participants are required to pay a registration fee no later than 30 days prior to the start of the camp session/program. Bearskin Meadow Camp and BARC programs require a \$150 registration fee (\$50 nonrefundable). Day Camp programs, Teens Take Tahoe, Spring Education Retreat, Fall Education Retreat and Teens Only Retreat require a \$100 registration fee (\$50 nonrefundable). All other programs require that payment be made in full at the time of registration.

SCHOLARSHIP OPTIONS

Please include the following, in addition to this form, when requesting a scholarship:

- Copy of your most recent 1040 Tax Form
- Letter explaining why you need a scholarship
- Registration Form
- Registration Fee (\$50 Non-Refundable)—See above for details

REQUESTING: ____ Full Scholarship ____ Partial Scholarship (Amount Requested \$ _____)

PAYMENT PLAN

In order to obtain an interest free payment plan you must submit a valid debit or credit card.
Please Note: Monthly payments will be charged on the first business day of each month.

Requesting: ____ Payment Plan in Addition to Partial Scholarship ____ Payment Plan ONLY

Method of Payment: Debit Card Visa Discover Master Card American Express

Amount To Be Charged On Card Each Month: \$ _____

Credit Card Number: _____ Expiration Date: _____

Card Security Code (3 digits on back): _____ Billing Zip Code: _____

Signature of Card Holder: _____ Printed Name: _____

_____ I understand that all payment plans must be complete and paid in full by December 2012.

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