

# LIONS CAMP MERRICK

## Request for Sponsorship

### Camp Glyndon Diabetes 2017 Program

Please complete all information. Requests are taken on a first come, first serve basis. This information is held in strict confidence. Return completed form to Lions Camp Merrick, P.O. Box 56, Nanjemoy, MD 20662

Limited sponsorships are available from the camp. Each sponsorship will be for one session only, and is awarded only when other means of acquiring sponsorships are unsuccessful. These Funds are to be awarded ONLY for a Diabetic Child.

#### STEP 1. – Contact Local Organizations

We recommend you contact your local Lions Club, Health Department, religious affiliations or other service organizations. If you need the name of a Lions Club in your area, please contact our main office at 301-870-5858 or info@lionscampmerrick.org.

#### STEP 2.A. – Organizations

**What organizations have you contacted for sponsorships?**

- Local Lions Club                       Church/ Religious Organization                       Community Service Organization  
 Social Service Organization                       ARC                       Other: \_\_\_\_\_

#### STEP 2.B. – Contributions from Organizations

Name of Sponsoring Organization, if any: \_\_\_\_\_ Amount Sponsored: \$ \_\_\_\_\_  
Maximum I/we can afford to pay is: \$ \_\_\_\_\_ Amount Still needed is: \$ \_\_\_\_\_

#### STEP 3. – Proof of Income

If you were unable to secure the camp session fee from other sources and you are requesting a sponsorship from Lions Camp Merrick, please complete the following and enclose a copy of your prior year tax return and any other information that may help us in determining your financial status. **(For your protection, please make sure that your Social Security number is not showing on any paperwork sent to the camp.)** NOTE: APPLICATIONS WILL NOT BE CONSIDERED WITHOUT PROOF OF INCOME.

#### STEP 4.A. – Applicant Information

**NOTE: ALL REQUESTS MUST BE SUBMITTED AT LEAST ONE MONTH PRIOR TO SESSION DATE.  
USE A SEPARATE FORM FOR EACH APPLICANT – MAKE COPIES AS NEEDED.**

Applicant's Name: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_ Cell: (     ) \_\_\_\_\_ - \_\_\_\_\_

#### STEP 4.B. – Session Choices

**Which week has the applicant been registered for?**

#### LIONS CAMP MERRICK/CAMP GLYNDON DIABETES PROGRAM

Camp fees are \$895 per week and includes the \$25.00 non-refundable registration fee (for each applicant) which must be paid by Parent/Guardian.

- Session 1 July 2 – 7, 2017                       Session 2 July 9 – 14, 2017

\*Family Session Fee is \$275 for each person, and includes the \$25 non-refundable registration fee.

- Family Session June 28 – July1, 2017     NEW Family Session July16 – 19, 2017  
(Scholarships are only available for Diabetic Campers)

#### STEP 4.C. – Financial Information

Total Annual Income from all sources: \$ \_\_\_\_\_ Number of Persons in household \_\_\_\_\_  
Are there any special financial or special circumstances you would like us to consider? \_\_\_\_\_

#### STEP 5 – Signature

In submitting this application for sponsorship/financial assistance, I/we hereby authorize Lions Camp Merrick to verify, if necessary, any statements made in this form. Furthermore, I understand that the sponsorship is based upon certain criteria. **Also, in the event the Scholarship Funds awarded to my child have been the result of a grant awarded to Lions Camp Merrick, I give my permission to Lions Camp Merrick to release my child's name to the organizations providing the grant.**

Signature of Parent/Guardian

Date