



**Type One**  
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**USA**

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typeonerenegaderun.com  
facebook.com/TypeOneLLC  
instagram.com/renegaderun2019  
twitter.com/typeoneinfo  
youtube.com/watch?v=XdHpoLPj630&feature=youtu.be



### Type One Cares Scholarship | Financial Assistance Application

Dear Applicant, Parent/Guardian,

Thank you for your interest in a Type One Cares Scholarship | Financial Assistance for recipients living with type 1 diabetes (T1D). Our Send a Kid to T1D Camp scholarship program provides financial assistance to the families of our community with children between the ages of 6 and 16 living with the disease, whom cannot afford the full cost of camp and meet Massachusetts State Median Guidelines.

Type One has partnered with the Barton Center for Diabetes Education, one of the largest, independent camping and educational programs in the country dedicated to children who live with diabetes and the people who care for them. Scholarships are limited and are distributed on a first come, first serve basis.

Type One will also provide assistance for families in need of purchasing diabetes supplies such as insulin, syringes, and test strips. Assist in paying for emergency care and assist with travel and accommodation expenses for appointments when applicable.

Interested applicants should complete the application provided. Incomplete applications will not be considered.

Please send your completed application via email to info@type-one.org.

**Please print. Be certain to submit all required documents with this application.**

Today's Date \_\_\_\_\_  
Date of Birth of Recipient \_\_\_\_\_  
Date of Recipient's T1D Diagnosis \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Occupation \_\_\_\_\_

Have you ever applied for financial assistance from Type One before? Yes \_\_\_\_\_ No \_\_\_\_\_  
What financial assistance are you requesting? \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Personal Financial Information:**

Please itemize your monthly, pre-tax income and selected expenses:

**Monthly Income:**

Gross wages, salary, and tips \$ \_\_\_\_\_  
Unemployment compensations \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Child Support \$ \_\_\_\_\_  
AFDC/TANF \$ \_\_\_\_\_  
Food Stamps Grant Letter \$ \_\_\_\_\_  
Retirement Income (non-Social Security) \$ \_\_\_\_\_  
Other Income (alimony, interest, dividends) \$ \_\_\_\_\_  
  
Total Monthly Income \$ \_\_\_\_\_

**Monthly Expenses:**

Rent or Mortgage \$ \_\_\_\_\_  
Utilities \$ \_\_\_\_\_  
Medical Expenses \$ \_\_\_\_\_  
Other Expenses (please list) \$ \_\_\_\_\_  
  
Total Monthly Expenses \$ \_\_\_\_\_

**Important**

If you are receiving AFDC/TANF, unemployment, food stamps, and/or Social Security, you must attach a copy of your grant notification form(s).

**To complete your application you must submit copies of the following:**

- Most recent copy of your federal income tax form
- Four consecutive pay stubs
- Copy of your mortgage statement or rental agreement
- Utility bills

Please detail any special circumstances that we should know about in order to make an informed decision on your application. What would a week of camp in a supported setting mean to the perspective camper being nominated? How will the financial assistance impact your life? Share a photo with us if you choose.

I attest that all the information provided is true.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Through donations and fundraising as part of the Type One Cares campaign, we are honored to provide scholarships for local children living with type 1 diabetes (T1D) to attend a week of residential camp at the Barton Center for Diabetes. Selected candidate would choose a week based on camp availability.

**Support our mission and increase our impact.**

[www.typeonerenegaderun.com/donate](http://www.typeonerenegaderun.com/donate)

**Start your own fundraising campaign in support of Type One.**

[www.typeonerenegaderun.com/fundraise](http://www.typeonerenegaderun.com/fundraise)

**Mission Statement**

Type One, a 501(c)(3) nonprofit organization, recognizes a world free of type 1 diabetes (T1D) and is dedicated to that future by raising public awareness and funds toward a cure through research. "Type One Cares" is a campaign dedicated to building a community to assist those affected by T1D with support, education and endowment, so they can live a powerful life beyond the diagnosis. Renegade Run Obstacle Course Race is a highly successful fundraising event that caters to fitness enthusiasts of all levels and focuses on camaraderie, goodwill and celebration of life. We support the life changing research of the Faustman Lab at Massachusetts General Hospital who is leading the way toward a cure for T1D.

**Eligibility**

Financial assistance will be granted based on the need demonstrated by household income, expenses and/or extenuating circumstances. Applicants are required to pay up to fifty percent for a week of summer camp for which they are requesting assistance. This contribution demonstrates both a desire and a commitment to participate.

**Process and Application**

Determinations for financial assistance awards are based on receipt of all required documentation. Please attach a copy of your most recent 1040 Federal Tax return and copies of your last 4 consecutive pay stubs. If you are exempt from paying taxes, send verification of income received from federal, state, or local agencies. Please attach a copy of rent of mortgage agreement, utility bills, and other receipts or cancelled checks as needed to complete the form.

**Approval Process**

Upon receipt of all required documentation, financial assistance applications will be reviewed to determine the level of support Type One will provide. This information is kept confidential. If you have questions regarding this process, please email us at [info@type-one.org](mailto:info@type-one.org).

**Payment Process**

If awarded financial assistance, Type One will make payment directly to the institution or business the request for scholarship, financial assistance for services or product was requested.

If you are selected as a scholarship recipient, Type One may wish to publicize the award. We ask that you consider this request, and if you or your Parent/Legal Guardian agrees, please indicate your authorization for Type One to publicize your receipt of scholarship.

RELEASE AND AUTHORIZATION BY APPLICANT, PARENT/LEGAL GUARDIAN ON BEHALF OF RECIPIENT, FOR PROMOTION AND PUBLICITY OF SCHOLARSHIP

I, \_\_\_\_\_, am the applicant or parent/legal guardian of \_\_\_\_\_, ["Recipient"] of a Type One Cares Scholarship ["Scholarship"].

I hereby consent to the publication and use of Recipient's name and/or likeness, for the purpose of promotion, publicity, advertising or other manner or media by Type One (or any agent or representative authorized to act on behalf of Type One).

Likeness shall include, but is not limited to, photographs, sound and/or video recordings, films, broadcasts, brochures, publications, reports, webpages, social media, promotional materials, and or any other audio-visual, electronic, and printed tangible work in any media of format. I agree that the actual material involved is and shall continue to be property of Type One and that neither I, nor the Recipient, shall have any right of review or approval regarding the use of Student's name and/or Likeness in such material.

I hereby release and hold harmless and indemnify Type One, along with their respective agents, affiliates, sponsors or other representatives from any and all claims, demands, or causes of action arising out of the use of Recipient's name and/or Likeness, in accordance with the terms of this Release. I understand that neither I nor the Recipient will be compensated in any way for the use of Recipient's name and/or Likeness by Type One.

Anything herein to the contrary notwithstanding, nothing contained in this Release shall impose any obligation to Type One to publicize or promote Recipient's receipt of Scholarship, such decision as to whether to publicize or promote with Recipient's name and/or Likeness being solely within the discretion of Type One.

I SIGN THIS RELEASE VOLUNTARILY AND UNDERSTAND THAT I HAVE NO OBLIGATION TO MAKE THIS AUTHORIZATION. MY FAILURE TO SIGN THIS RELEASE MAY IMPACT OR AFFECT THE RECIPIENT'S APPLICATION STATUS OR DECISION OF TYPE ONE IN DETERMINING RECIPIENT'S ELIGIBILITY AND/OR REWARD OF SCHOLARSHIP.

Applicant, Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_