



Type One, Inc.
PO Box 404
Hingham, MA 02043
USA

Type One Fitness
386 Washington Street
Norwell, MA 02061
USA

info@typeonefitness.org
typeonefitness.org
facebook.com/TypeOneLLC
instagram.com/typeonefitness
twitter.com/typeoneinfo
linkedin.com/company/105200254

TYPE ONE CARES SCHOLARSHIP | FINANCIAL ASSISTANCE APPLICATION

Dear Applicant, Parent/Guardian,

Thank you for your interest in the Type One Cares Scholarship | Financial Assistance Program for individuals living with type 1 diabetes (T1D). This program provides financial assistance to families within our community who have children between the ages of 6 and 16 diagnosed with T1D and who demonstrate financial need in accordance with Massachusetts State Median Income Guidelines.

Scholarships are limited and awarded on a first-come, first-served basis. Type One, Inc. may also provide financial assistance to eligible families for essential diabetes-related expenses, including but not limited to, insulin, syringes, test strips, emergency medical care, travel, and accommodations for medical appointments.

Applicants must complete the application in its entirety. Incomplete applications will not be considered. Submit completed applications along with all required documentation via email to info@typeonefitness.org.

APPLICANT INFORMATION

Today's Date: _____
Recipient's Date of Birth: _____
Date of Recipient's T1D Diagnosis: _____
Applicant Name: _____
Address: _____
City: _____
State: _____
Zip Code: _____
Home Phone: _____
Work Phone: _____
Email Address: _____
Place of Employment: _____
Occupation: _____

FINANCIAL ASSISTANCE REQUEST

Have you previously applied for financial assistance from Type One, Inc.? Yes ____ No ____
What financial assistance are you requesting? _____
Requested Amount: \$_____



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PERSONAL FINANCIAL INFORMATION

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

MONTHLY INCOME

- Gross wages, salary, and tips: \$_____
- Unemployment compensation: \$_____
- Social Security benefits: \$_____
- Child support: \$_____
- AFDC/TANF: \$_____
- Food stamps (attach 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 (list): \$_____
- Total Monthly Expenses: \$_____

REQUIRED DOCUMENTATION

To be considered for financial assistance, you must submit copies of the following documents:

1. Most recent federal income tax return (Form 1040)
2. Four consecutive pay stubs
3. Copy of mortgage statement or rental agreement
4. Recent utility bills
5. If applicable, grant notification letters for AFDC/TANF, food stamps, unemployment, or Social Security benefits



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SPECIAL CIRCUMSTANCES

Please provide any additional information regarding your financial situation, extenuating circumstances, or how this assistance will impact your child's ability to attend camp or receive necessary care. You may also include a photo if desired.

ACKNOWLEDGMENT AND CERTIFICATION

I, the undersigned, certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in disqualification from financial assistance.

Applicant, Parent, or Legal Guardian Signature: _____

Date: _____

ELIGIBILITY & APPLICATION REVIEW

Financial assistance will be awarded based on demonstrated financial need, household income, expenses, and extenuating circumstances. Applicants may be required to contribute up to 50% of the cost of the camp program for which assistance is requested, as a demonstration of commitment to participation.

All applications will be reviewed upon receipt of required documentation. If additional information is required, applicants will be contacted. All financial information will remain confidential. If you have any questions regarding this process, please email info@typeonefitness.org.

PAYMENT TERMS

If approved for financial assistance, Type One, Inc. will make payments directly to the designated institution or service provider for the recipient's enrollment, services, or products requested in this application.



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RELEASE AND AUTHORIZATION FOR PUBLICITY

I, (Name), as the applicant or parent/legal guardian of (Recipient Name), a recipient of the Type One Cares Scholarship ("Scholarship"), hereby consent to the publication and use of the Recipient's name and/or likeness by Type One, Inc. for promotional, publicity, and advertising purposes.

This consent includes, but is not limited to, the use of photographs, audio and/or video recordings, publications, reports, social media, and promotional materials. I understand that all materials will remain the property of Type One, Inc., and I waive any right to review or approve their use.

I further release and hold harmless Type One, Inc., its affiliates, agents, sponsors, and representatives from any claims or liabilities related to the use of the Recipient's name and likeness. I acknowledge that I will not receive any compensation for such use.

- I agree to the terms outlined in this Release and Authorization.
- I do not consent to the publicity of the Recipient's name and likeness.

Applicant, Parent, or Legal Guardian Signature: _____

Date: _____

SUPPORT OUR MISSION

Type One, a 501(c)(3) nonprofit organization, is committed to supporting individuals and families affected by T1D through advocacy, education, and financial assistance.

- Make a donation: typeonefitness.org/donate
- Start a fundraising campaign: typeonefitness.org/fundraise

CONTACT INFORMATION

For questions or additional assistance, please contact Type One, Inc. at info@typeonefitness.org or visit our website at typeonefitness.org.