

# 1 Tourette Syndrome Camp Organization Alexandria, Virginia Youth Program Scholarship Application Form

The Tourette Syndrome Camp Organization, an Illinois non-profit organization (“TSCO”), is offering a Youth Camp Program for minors, ages 7-14, accompanying their adult parents (guardians) to the 2012 National Conference of the Tourette Syndrome Association, Inc. (“TSA”) in Arlington, Virginia on April 20 and 21, 2012 (“TSA Conference”). This application is for need-based financial assistance to cover portions of the child’s travel expenses and portions of the TSCO program fee. While TSCO is in no affiliated with TSA, scholarship funds for participation in the TSCO program are made available by the TSA. Applicants must demonstrate financial need, current membership in TSA, and registration for the TSA Conference. Applications must be received by TSCO, 6933 N. Kedzie #816, Chicago, Illinois 60645 no later than Friday, March 30, 2012 to be considered. Scholarships will be awarded and administered solely by TSCO, and all scholarship decisions of TSCO are final.

Child: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_  
 Child: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_  
 Child: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_  
 Child: Last \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_

Parent: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Daytime phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email \_\_\_\_\_

I cannot afford to pay for all travel expenses and Youth Camp program fee(s) for my child(ren) to accompany me to the TSA Conference. I wish my child(ren) to attend the Program because: (use additional pages if necessary)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Travel expenses for each child are: \$\_\_\_\_\_ for airfare \$\_\_\_\_\_ for train \$\_\_\_\_\_ for other travel.

I understand that the full Youth Camp Program Fee per child is \$235. Including travel and the Program Fee, I wish to request total scholarship aid in the amount of \$\_\_\_\_\_ per above-named child. I understand that scholarship aid covers only a portion of travel and program fees. I certify that I am a current fully paid Member of TSA or that I have requested to be a Scholarship Member of TSA, that I will attend the TSA Conference.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return this completed form by March 30, 2012 to:

Tourette Syndrome Camp Organization (TSCO), 6933 N. Kedzie #816, Chicago, Illinois 60645

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*TSCO office use only:* Date Received \_\_\_\_\_ Decision \_\_\_\_\_