

# PATSA Scholarship Application Form

It is our intention to serve families affected by Tourette syndrome regardless of their ability to pay for those services. Camp and retreat scholarships are offered, when funds are available, on a first-come, first-served basis. The scholarship funds are donated by businesses and individuals to assist those who wish to attend our yearly TS Family Camp or TS Family Retreat. Amounts awarded will be based on the funds available **\*\*priority is given to families with a child affected by Tourette syndrome under the age of 18.** Applications must be received before the registration deadline for each event. Send application via email (sherrie@patsainc.org), via fax (717-337- 1134), or postmarked regular mail to PATSA, 18 High St. #68, Hanover, PA 17331. Scholarships will be awarded as they arrive and requestors can expect to be informed within 2 weeks of submission, so they can register with a scholarship code and plan their trip.

Name: Last \_\_\_\_\_ First \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for scholarship request (please specify why you would like your child with TS to attend):

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

Total Estimated Camp Expenses

(Number in family x cost per person)

\$ \_\_\_\_\_

Amount Requested: (partial/full)

\$ \_\_\_\_\_

I certify that I plan to attend the Tourette Syndrome Camp/Retreat in (year) \_\_\_\_\_, and that attending the Camp without financial assistance would cause undue hardship. I also understand that after the event, I will be asked to write a brief summary of my experiences to be used in outreach and scholarship fundraising for future events. I acknowledge that once awarded a scholarship, canceling my camp/retreat registration may disqualify my family from receiving future scholarship funds for camp/retreat.

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

\*\*\*\*\*

PA-TSA use only: Date Received \_\_\_\_\_ Decision \_\_\_\_\_ Date Informed: \_\_\_\_\_