

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 2010 National Conference of the Tourette Syndrome Association, Inc. (“TSA”) in Alexandria, Virginia on April 16 and 17, 2010 (“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 no affiliated with TSA, scholarship funds for participation in the TSCO program are made available by 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 Tuesday, March 30, 2010 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 \$225. 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, 2010 to:

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

TSCO office use only: Date Received _____ Decision _____