



TS Family Retreat

Scholarship Application Form

It is our intention to serve families affected by TS regardless of their ability to pay for services. Retreat scholarships are offered, if funds are available, based on need and on a first-come, first-served basis. The scholarship funds are donated by businesses and individuals to assist those who wish to attend the PA Tourette Syndrome Family Retreat. Amounts awarded will be based on the funds donated and will be disseminated to those applicants who have a demonstrated need in their request. Applications must be received before Sept 15 of the retreat year via email (saraw@patsainc.org), fax (717-337-1134), or postmarked regular mail to PA-TSA, P.O. Box 148, McSherrystown, PA 17344. Awards will be given as they arrive but no later than Sept 20, of each year.

Name: Last _____ First _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____ Email: _____

Reason for request: _____

*******PLEASE COMPLETE AND ATTACH THE CAMP REGISTRATION FORM*******

Total Estimated Retreat Expenses
(Number in family x cost per person) \$ _____

Amount Requested: (partial/full) \$ _____

I certify that I plan to attend the Tourette Syndrome Retreat (year) _____, and that attending the Retreat without assistance would cause undue hardship. I also understand that after the Retreat, I will be asked to write a brief summary of my experiences. I acknowledge that once awarded a scholarship, canceling my retreat registration or not showing up to Retreat may disqualify my family from receiving future scholarship funds for camp and/or /retreat.

SIGNATURE _____ DATE _____

PA-TSA office use only: Date Received _____ Decision _____