



TSAGW's Tic Tic Tok Retreat

2015 Scholarship Application
(for students)

GENERAL INFORMATION

Please include a copy of your student ID.

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: Day: _____ Night: _____

Is there another family you would like to be placed with? _____

Who are they? _____

(Please note that this is not a guarantee)

Why would you like a scholarship? _____

ATTENDEE INFORMATION

Please fill out for each person attending

Attendee Name: _____ Nickname if different: _____

Age: _____ Date of Birth: _____ T-Shirt Size: _____

Would your child like to stay in the cabins with you or in the fort with the teens? _____

(Please note that space in the fort will go to the teen program first, and then out to other students based on age and personal preference)

Attendee has: Tourette Syndrome ADD/ADHD OCD Other _____

Would you like to participate in our talent show? _____ What is your talent? _____

Eating accommodations: Vegetarian? YES or NO Food Allergies? _____