

Camp Grizzly 2017

Tuition Assistance Application

Parent/Guardian Name: _____

Camper's Name: _____ Age: _____ [] Deaf/HH [] Koda [] Hearing

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Address: _____ City, State, Zip _____

Phone Number: _____ Email: _____

Has your child(ren) attended Camp Grizzly before? _____ Yes _____ No

If yes, was tuition assistance provided? _____ If yes, how much and what year? _____

Please tell us the following gross monthly household income:

Yourself: \$ _____ from: Work _____ SSI/SSA _____ other _____

Spouse/partner: \$ _____ from: Work _____ SSI/SSA _____ other _____

Child support: \$ _____

Other support for child: \$ _____ from: SSI/SSA _____ other _____

Total gross monthly family income: \$ _____

Total number of persons living in the household (including yourself)? _____

How much can you afford? _____ How much are you requesting? _____

Please state the reason for your request: _____

Camp Grizzly will consider all TAP applications based on availability of funds with priority given to low income first time Deaf campers.

Please mail this completed TAP form with a copy of your 2016 tax return, proof of SSI/SSA award letter along with your child's completed camper application to the address below. NOTE: You will not be considered without these supporting documents.

Attn: Camp Grizzly

NorCal Services for Deaf & Hard of Hearing
4708 Roseville Road, Suite 112
North Highlands, CA 95660

If you have any questions please call or email us at:

Voice: 916-349-7500 VP: 916-993-3048 Fax: 916-349-7580
Email: campgrizzly@norcalcenter.org

For Office Use Only:

Date TAP Received: _____

___ Completed Camper App Verification:

___ Tax Return ___ other income

___ SSI/SSA

___ Pay Stubs

Approved: [] Yes [] No

Amount: \$ _____ Initials: _____