

Camp Grizzly 2022

Tuition Assistance Application Form (TAP)

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

Parent/Guardian Name: _____

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? _____ What Year? _____

Please provide us with the following information for tuition assistance consideration:

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 explain the circumstances for your request: _____

By completing this application, I certify that this information is true and correct to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Camp Grizzly will consider all TAP applications based on availability of funds.

Please fax, email, post mail or drop off this form at the following:

Attn: Camp Grizzly
NorCal Services for Deaf & Hard of Hearing
4044 N. Freeway Blvd.
Sacramento, CA 95834

If you have any questions please contact us at:

Voice: 916-349-7500 VP: 916-993-3048 Fax: 916-349-7578

Email: campgrizzly@norcalcenter.org

For Office Use Only:

Date Received: _____

Approved: [] Yes [] No

Amount: \$ _____ Initials: _____