



TMA ANNUAL FAMILY CAMP TRAVEL GRANT APPLICATION FORM

Full name of Applicant _____

Address Line 1 _____

Address Line 2 _____

Phone _____ Email _____

Diagnosis of Camper _____

Name of family members joining camp _____

Support Request Amount

Please share in less than 200 words your hopes and expectations from camp for you and your family.

I, the undersigned, agree that the travel grant funds will be used in accordance with my request for support as detailed

I, the undersigned, agree to provide a camp follow-up blog or article on our experience at CCK. I understand that an accompanying blog/article is required for my approved reimbursement to be issued.

I, the undersigned, agree to provide all receipts along with the expense reimbursement form for disbursement of grant funds to me and understand that only eligible costs, up to the approved, amount, will be reimbursed.

I, the undersigned, give the TMA permission to use the follow-up letter for promotional and grant reporting purposes.

Signature of Applicant/ Caregiver/Guardian: _____

Date: _____

SUBMIT