

Camp Scholarship Application Westminster Presbyterian Church

Please Print

Name of Camp Attendee	Age	School	Grade
1.			
2.			
3.			
4.			

Parent's Name _____ WPC member Yes _____ No _____

Address _____

Email address _____ Phone # _____

Occupation of father _____ Occupation of mother _____

Number of family members still living at home _____

Please identify any extraordinary circumstances _____

Name of the camp _____ Location _____

Dates of the camp (Month, Days and Year) _____

Purpose of the camp _____

Cost of the camp _____ Please attach a brochure of the camp

Signature of Parent

Date

All information provided and action taken in response to this application is confidential and will be kept in a secure location. Only those persons having legitimate need to know such information will have access to this application. Due Date May 5, 2019