

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 28, 2023