

# 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 26, 2024**