



WHISPERING WINDS

CATHOLIC CAMP & CONFERENCE CENTER

Application for Financial Assistance

In order to ensure that no individual or family is excluded from an experience at Whispering Winds, a scholarship of up to 50% of your cost may be awarded to those in need. Your on-line registration form and deposit only are required to reserve your spot; balances paid in full prior to notification of scholarship render any award void. A staff member will contact you once your application is reviewed. God bless you!

Family Name: _____ Parish: _____ Date Submitted: _____

Address: _____ Phone: () _____

Street and Number

City/State

Zip

Family Members:

_____	NAME	_____	AGE
_____	NAME	_____	AGE
_____	NAME	_____	AGE
_____	NAME	_____	AGE
_____	NAME	_____	AGE
_____	NAME	_____	AGE

Program of Interest:

- Family Camp
- Single-Parent Camp
- Kids Camp
- Men's Retreat
- Young Adult Retreat
- Confirmation Retreat

Is this your first time applying for financial assistance at Whispering Winds?

- Yes
- No

Program Date: _____
Anticipated Total Fee (before award):
\$ _____

Important for Family Camp applicants!

- Deluxe Lodging
- Economy Lodging
- Tipi / Tent / RV

How did you hear about this Whispering Winds program? _____

Please give a brief explanation of your need for financial assistance: _____

Please mail, email or fax this form to the Whispering Winds Office.
8186 Commercial Street, La Mesa, CA 91942 Fax (619) 464-4491 Phone 619-464-1479

For Office Use Only

Approved By: _____ Scholarship Amount: _____ Date: _____

