



Application for Financial Assistance for LODGING Only
Family Camp 2018

Instructions

In order to ensure that no individual or family is excluded from Family Camp experience at Whispering Winds, scholarships may be awarded to those in need. For timely and accurate processing of your application, please follow these instructions:

1. **Register on-line** and pay the deposit only. Please select your payment plan, but do not pay in full. This will reserve your spot! If the scholarship you are applying for is not available, your deposit is refundable.
2. Please mail, email or fax this application within seven days of registration:

Whispering Winds
4636 Mission Gorge Pl. STE 203, San Diego,
CA 92120
office@whisperingwinds.org
Fax (619) 464-4491
Phone (619) 464-1479

3. Once your application has been reviewed, you will be notified by email of the award amount.
4. We will modify your payment due by the amount of the scholarship award and email you the new balance.
5. Your balance is due 14 days before the first day of your Family Camp weekend.

Payment methods available:

VISA

MasterCard

Discover

AMEX

EFT (Electronic Fund Transfer) from a checking or savings account



Application for Financial Assistance for LODGING Only Family Camp 2018

Family Name: _____ Parish: _____ Date Submitted: _____

Family Members:

Adult or Child?

NAME	
NAME	
NAME	
NAME	
NAME	

Address: _____ Email: _____

Street and Number City/State Zip Required!

Please check Family Camp Date:

- ☐ June 15-17
- ☐ June 22-24
- ☐ July 13-15 (option four-day starting July 12)
- ☐ July 20-22 (Special Needs)

Please check lodging choice:

- ☐ **Lodge**, \$225 scholarship
- ☐ **Dorm**, \$125 scholarship
- ☐ **Tent/RV**, \$70 scholarship

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

Please mail, email or fax this form to the

Whispering Winds Office:

4636 Mission Gorge Pl. STE 203, San Diego, CA 92120

office@whisperingwinds.org Fax (619) 464-4491 Phone 619-464-1479

For Office Use Only

Approved By: _____ Scholarship Amount: _____ Date: _____