



Application for Financial Assistance for LODGING Only  
Family Camp 2021

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. \* \* \* *If your family has been financially impacted by COVID-19, please mention that in the explanation portion below.* \*\*\* 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](mailto: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



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Family Name: \_\_\_\_\_ Parish: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Family Members:

Adult (18+) or Child?

\_\_\_\_\_  
NAME  
\_\_\_\_\_  
NAME  
\_\_\_\_\_  
NAME  
\_\_\_\_\_  
NAME  
\_\_\_\_\_  
NAME

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\_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
Street and Number City/State Zip

Email: \_\_\_\_\_  
Required!

**Please check Family Camp Date:**

- ☐ July 2-4 (optional four-day starting July 1)  
☐ July 9-11 (option four-day starting July 8)  
☐ July 30 – Aug 1 (Special Needs)

Are you currently on Active Duty? Yes No (Please circle one)

If YES, please list which family member \_\_\_\_\_

Are you an Officer or Enlisted? \_\_\_\_\_ Rank (Title) & Branch: \_\_\_\_\_

**Please give a brief explanation of your need for financial assistance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail, email or fax this form to the  
Whispering Winds Office:

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[office@whisperingwinds.org](mailto:office@whisperingwinds.org) Fax (619) 464-4491 Phone 619-464-1479

For Office Use Only

Approved By: \_\_\_\_\_ Scholarship Amount: \_\_\_\_\_ Date: \_\_\_\_\_