



Application for Financial Assistance for LODGING Only
Family Camp 2023
Instructions

In order to ensure that no individual or family is excluded from a Family Camp experience at Whispering Winds due to a financial situation, 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
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

Address: _____
Street and Number City/State Zip

Email: _____
Required!

Please check Family Camp Date:

- ☐ June 9-11 (Optional Arrival on June 8)
☐ June 16-18 (Special Needs Family Camp)
☐ August 11-13
☐ August 18-20

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:

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: _____