



**Application for Financial Assistance for the
Whispering Winds Senior Moment Retreat**

Date_____ Name_____ Parish _____

Address, City and Zip Code _____

Email_____ Phone _____

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

Whispering Winds Catholic Camp and Conference Center
San Diego Office: 4636 Mission Gorge Place, Suite 203 | San Diego, CA 92120
619-464-1479 | office@whisperingwinds.org

Please email this document to: Ms. Matisse Guillen matisse@whisperingwinds.org

Office Use Only

Approved By_____ Scholarship Amount_____ Date _____