



**Application for Financial Assistance for the  
Whispering Winds Women's Auxiliary Retreat**

Date\_\_\_\_\_ Name\_\_\_\_\_ Parish \_\_\_\_\_

Address, City and Zip Code \_\_\_\_\_

Email\_\_\_\_\_ Phone \_\_\_\_\_

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

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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](mailto:office@whisperingwinds.org)

Please email this document to: Mrs. Chris Villalobos [chrisvillalobos5@gmail.com](mailto:chrisvillalobos5@gmail.com)  
Please call Chris if you have any questions 619-977-7403

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Office Use Only

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