Westminster Presbyterian Church In America, Butler, PA Summer Camp Scholarship Application and Guidelines

Family:			Date:		
Member of Westmi	nster Church?	Yes No	Pho	one:	
(Child's Name)	(Age)	(Camp Name)	(Duration)	(Total Cost)	
Camp Address (to	send payment)				
		Parent's Signa	ture		
	/2 of the registra	tion cost for 1 week of camp the church office or place in			
The Deacons will re You will be notified		t and make a determination. decision.			
		Schol	arship Amount Gran	ted:	
			_		
Deacon Signoff:			D	ate:	