

Westminster Presbyterian Church Summer Camp Scholarship Application

Deadline: Sunday, March 30, 2025
Return Completed Application to Church Office

Family: _____ Date: _____

Member of Westminster Church? ___ Yes ___ No Phone: _____

Child's Name	Age	Camp Name	Duration	Cost
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Camp Address (to send payment):

Parent's Signature: _____

Apply early; funds are limited.
If approved, up to 1/2 of the registration cost for 1 week of camp will be paid to the camp.
Return the completed application to the Church Office by the deadline shown above.
The Deacons will review the request and make a determination. You will be notified by phone of the decision.

Scholarship Amount Granted: _____

Deacon Sign-off: _____ Date: _____