Application for Financial Assistance for LODGING Only
Family Camp 2017

Instructions

In order to ensure that no individual or family is excluded from Family Camp experience at Whispering Winds, scholarships may be awarded to those in need. 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

WHISPERING WINDS
CATHOLIC CAMP & CONFERENCE CENTER

Application for Financial Assistance for LODGING Only
Family Camp 2017

Family Name: _____ Parish: _____ Date Submitted: _____

Family Members: Adult or Child?

_____   _____
NAME

_____   _____
NAME

_____   _____
NAME

_____   _____
NAME

_____   _____
NAME

Address: _____ Email: _____
Street and Number   City/State   Zip   Required!

Please check Family Camp Date:
- ☐ June 16-18
- ☐ June 23-25
- ☐ July 7-9
- ☐ July 14-16
- ☐ July 21-23 (Special Needs)

Please check lodging choice:
- ☐ **Lodge,** $225 scholarship
- ☐ **Dorm**, $125 scholarship
- ☐ **Tent/RV**, $70 scholarship

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

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For Office Use Only

Approved By: _____ Scholarship Amount: _____ Date: _____