



PORT CHARLOTTE SCHOLARSHIP APPLICATION 2019

CAMPER INFORMATION CHILD 1

Name _____
First Name *Last Name*

Birth Date: ___/___/___ Current Grade (2018-19): _____ Age: _____

Has camper attended WinShape Camp before? Yes No If yes, how many years? _____

CAMPER INFORMATION CHILD 2

Name _____
First Name *Last Name*

Birth Date: ___/___/___ Current Grade (2018-19): _____ Age: _____

Has camper attended WinShape Camp before? Yes No If yes, how many years? _____

CAMPER INFORMATION CHILD 3

Name _____
First Name *Last Name*

Birth Date: ___/___/___ Current Grade (2018-19): _____ Age: _____

Has camper attended WinShape Camp before? Yes No If yes, how many years? _____

PARENT INFORMATION PARENT/GUARDIAN 1

Parent Name _____
First Name *Last Name*

Address _____
Street *City* *State* *Zip*

Primary Phone _____ Text Secondary Phone _____ Text

Employer _____ Position _____

Gross Monthly Income \$ _____

PARENT INFORMATION PARENT/GUARDIAN 2

Parent Name _____
First Name *Last Name*

Address _____
Street *City* *State* *Zip*

Primary Phone _____ Text Secondary Phone _____ Text

Employer _____ Position _____

Gross Monthly Income \$ _____

FAMILY & LIFE CIRCUMSTANCES

Does your family currently attend First Alliance? _____

Total number of people in your household? *(Include all adults & children)* _____ (Adults _____ Children _____)

Have you ever received a scholarship for WinShape Camps Port Charlotte before? Yes No

If yes, what year(s)?

Will the student be attending any other camps over the summer? Yes No

If "Yes", where?

Briefly describe why your family needs a scholarship at this time:

By signing below I have read, understand and agree to the following:

- All information will be kept secure and confidential. Incomplete applications will not be accepted.
- The full cost for WinShape Camps for Communities is \$169.00.
- This scholarship is for regular attenders/members of First Alliance only, and is for \$50 per child.
- This scholarship is dependent on the family paying the deposit in full (\$50).
- Scholarships are awarded on the basis of fund availability and personal need.
- The First Alliance children's ministry directors will review this application and notify you of a decision as soon as possible.
- More scholarships are offered directly from the WinShape Camps Port Charlotte Scholarship team, and must be applied for at First Baptist Church Port Charlotte. Any scholarship received from the WinShape Camps Port Charlotte Scholarship team voids eligibility for this scholarship.
- If I receive this scholarship for my child I must contact First Alliance at kidz.firstalliance@gmail.com as soon as possible if I decide not to use the scholarship or in the event that my child is not able to attend the camp for any reason.

I agree that all the information completed on this application is complete, honest, and accurate.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Email Address: _____

Print clearly on this form and return by fax or mail, or bring to the church office. One form per family.

**CONFIDENTIAL – Attention: First Alliance Church Children's Ministry Phone 941-625-7435
20004 Midway Blvd, Port Charlotte FL, 33952 Fax 941-629-3904**

FOR OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____ Approved By: _____

Parent Contacted: YES NO Registration Complete: _____