



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 a church? Yes No If "Yes", where? _____
(This is for informational purposes only and has no bearing on scholarship awards)

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.
- Scholarship recipients are ineligible to receive Kick off Week discounts or other promotional discounts.
- Full scholarships are generally not provided; however we have several different scholarship amounts available depending on a family's ability to pay.
- Scholarships are awarded on the basis of fund availability and personal need.
- The WinShape Camps – Port Charlotte scholarship committee will review this application and notify you of a decision as soon as possible.
- All scholarship funds come from our local community churches and businesses.
- If I receive a scholarship for my child I must contact First Baptist Port Charlotte at (941) 629-0444 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.
One form per family

CONFIDENTIAL – Attention: WinShape Camp Port Charlotte
20035 Quesada Ave. Port Charlotte, FL 33952

Phone 941-629-0444
Fax 941-625-0305

FOR OFFICE USE ONLY			
Date Received: _____	Date Reviewed: _____	Approved By: _____	
Scholarship Category: _____	Scholarship Code: _____	Parent Contacted: YES <input type="checkbox"/>	NO <input type="checkbox"/>
Registration Complete: _____		Code Applied: YES <input type="checkbox"/>	NO <input type="checkbox"/>