



## PORT CHARLOTTE SCHOLARSHIP APPLICATION 2023

### CAMPER INFORMATION

### CHILD 1

Name \_\_\_\_\_  
*First Name* *Last Name*

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Current Grade (2022-23): \_\_\_\_\_ School Attended: \_\_\_\_\_

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

### CAMPER INFORMATION

### CHILD 2

Name \_\_\_\_\_  
*First Name* *Last Name*

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Current Grade (2022-23): \_\_\_\_\_ School Attended: \_\_\_\_\_

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

### CAMPER INFORMATION

### CHILD 3

Name \_\_\_\_\_  
*First Name* *Last Name*

Birth Date: \_\_\_ / \_\_\_ / \_\_\_ Age: \_\_\_\_\_ Current Grade (2022-23): \_\_\_\_\_ School Attended: \_\_\_\_\_

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 \$180 and recipients are ineligible to receive Kick off Week discounts or other promotional offers.
- 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 monies come from our local community churches and businesses.
- By accepting a scholarship I agree to do my best to ensure that my child attends every day of camp.
- If I receive a scholarship for my child I must contact Family Church PC 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  NO

Registration Complete: \_\_\_\_\_ Code Applied: YES  NO