

PORT CHARLOTTE SCHOLARSHIP APPLICATION 2022

CAMPER INFORMATION	CHILD 1	
Name		
Birth Date: / / Age:	Current Grade (2021-22): School Attended:	
Has camper attended WinShape Camp before?	Yes No If yes, how many years?	_
CAMPER INFORMATION	CHILD 2	
Name		
Birth Date: / / Age:	Current Grade (2021-22): 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 (2021-22): School Attended:	
Has camper attended WinShape Camp before?	Yes No If yes, how many years?	
PARENT INFORMATION	PARENT/GU	ARDIAN 1
		ARDIAN 1
PARENT INFORMATION Parent Name First Name		ARDIAN 1
Parent Name	Last Name	
Parent Name First Name Address Street	Last Name City State	Zip
Parent Name	City State Text Secondary Phone	Zip Text
Parent Name First Name Address Street Primary Phone Employer	Last Name City State	Zip Text
Parent Name	City State Text Secondary Phone	Zip Text
Parent Name First Name Address Street Primary Phone Employer	City State Text Secondary Phone	Zip Text
Parent Name First Name Address Street Primary Phone Employer Gross Monthly Income \$ PARENT INFORMATION Parent Name	Last Name City State Text Secondary Phone Position PARENT/GU	Zip Text
Parent Name First Name Address Street Primary Phone Employer Gross Monthly Income \$ PARENT INFORMATION Parent Name First Name	City State Text Secondary Phone Position PARENT/GU	Zip Text
Parent Name First Name Address Street Primary Phone Employer Gross Monthly Income \$ PARENT INFORMATION Parent Name	Last Name City State Text Secondary Phone Position PARENT/GU	Zip Text
Parent Name First Name Address Street Primary Phone Employer Gross Monthly Income \$	Last Name City State Text Secondary Phone Position PARENT/GU Last Name City State	Zip Text IARDIAN 2
Parent Name First Name Address Street Primary Phone Employer Gross Monthly Income \$ PARENT INFORMATION Parent Name First Name Address Street	City State Text Secondary Phone Position PARENT/GU Last Name City State City State City State	Zip Text ARDIAN 2 Zip Text Text

FAMILY	& LIFE CIRCUMSTANCES					
•	family currently attend a churc			?		
Total numl	ber of people in your household	? (Include all adults & children)		(Adults	Children)	
•	ever received a scholarship for at year(s)?	·		Yes No		
	udent be attending any other ca here?		Yes No			
Briefly des	scribe why your family needs a	scholarship at this time:				
By signing	below I have read, understand	and agree to the following:				
• A	Il information will be kept secur	e and confidential. Incomple	te applications will	not be accepted.		
	he full cost for WinShape Camp ther promotional discounts.	os for Communities is \$174 a	and recipients are	ineligible to receive	Kick off Week discounts or	
	ull scholarships are generally namily's ability to pay.	ot provided; however we hav	ve several differen	t scholarship amour	nts available depending on a	
	Scholarships are awarded on the	•	•	annlination and natif	uvav of a decision on acco	
	he WinShape Camps – Port Ch s possible.	ianotte scholarship committe	e will review this a	application and notil	y you of a decision as soon	
	all scholarship monies come from By accepting a scholarship I agre	•			n	
• If	I receive a scholarship for my one se the scholarship or in the every	child I must contact Family C	hurch PC at (941)	629-0444 as soon	•	
I agree tha	at all the information completed	on this application is comple	ete, honest, and ac	curate.		
Parent/Gu	ardian				Date	
Parent/Gu	ardian				Date	
Email Add	ress:					
Print clear One form	ly on this form and return by fax per family	cor mail.				
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:	Арр	roved By:		
	Scholarship Category:	Scholarship Code:		Parent Contacted: YES	□ NO □	
	Registra	tion Complete	Code Applied: VES	NO		