

WESTMINSTER PRESBYTERIAN CHURCH OF ARLINGTON CAMPS AND CONFERENCES SCHOLARSHIP APPLICATION

DATE OF APPLICATION _____

For WPC Use
Date Received: _____

APPLICANT NAME: _____ Date of Birth ____/____/____

ADDRESS: _____

City/State/Zip: _____

Email: _____ Grade Level: _____

NAME OF CURRENT SCHOOL (if appropriate): _____

Event you will be attending (Check appropriate item): (Date of Event: _____)

Triennium _____ Mission Trip _____
Senior High Youth Connection (SHYC) _____ Synod Youth Workshop _____
Kidquake _____ Youth Connection _____
Summer Camp _____ @ _____
Adult retreat _____ @ _____
Pilgrimage _____ @ _____
OTHER: _____ @ _____

Cost of Event: \$ _____

Can afford to Pay: \$ _____

Request for Scholarship: \$ _____

Adult Sponsor Needed for Event?:

Yes _____

No _____

Give two references. Both should be members of WPC OR one member of WPC and one staff leader of the event to be attended. (Do not use family members as references.)

Name: _____
Title: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
Relationship: _____

Name: _____
Title: _____
Address: _____
City/St/Zip: _____
Phone: _____
Email: _____
Relationship: _____

Send all information via USPS to Westminster Presbyterian Church
(Attn: Scholarship Review Committee)
1330 S. Fielder Road
Arlington, Tx 76013

OR via email to scholarship@wpcarlington.org

Signed: _____ Date: _____