



Name of Camp:

Cost:

Select the department  
who is sponsoring this  
event/camp/activity:

Children's Ministry  
Jr. High  
High School

Date(s) of camp

Participant's Name:

If participant is a minor, parent/guardian name(s):

E-mail Address:

Home/Cell Phone:

Applicant is requesting:

Requesting a scholarship in the amount of:

A scholarship (up to 50%)

Payment plan

*\*If choosing a payment plan, payments toward the balance must be made each month. The total balance is due six months from the date of registration.*

We ask that recipients pay a portion of the total cost of the event/camp at the time of registration. Please list the amount you are able to contribute at this time:

I confirm that the information provided on this form is accurate, and may be shared with the necessary WACC staff. I understand that my information will remain confidential and protected.

Signature:

Date:

*It is our desire to help facilitate participation in events/camps/activities for families and individuals. Careful consideration will be given to each applicant. You will be contacted directly regarding the final decision. Thank you!*

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For office use only:

Amount of Scholarship  
Granted (as applies):

Amount of deposit received:

Payment Plan Due Date:

Approved by:

Date: