

# YWCA Camp Westwind Partial Scholarship Application

Please complete **ALL THREE PARTS** and return to:  
Camp Westwind Scholarship Committee  
1111 SW 10<sup>th</sup> Ave  
Portland, Or 97205

Scholarships cover a portion of camp fees. No full scholarships will be granted and families are asked to contribute to the total cost of camp. Applications are due Sunday, March 15, 2009. Applications received after March 15 will be reviewed and awarded if funds remain available.

## PART I

Camper's Name: _____			
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birth Date: _____	Age: _____ Grade in fall: _____
Address: _____			
City: _____		State: _____	Zip Code: _____
School: _____			
Ethnic origin (optional):			
<input type="checkbox"/> African American	<input type="checkbox"/> Asian/ Pacific Islander	<input type="checkbox"/> Caucasian	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Native American	<input type="checkbox"/> Other: _____

Parent/Guardian (Specify)	Day Phone	Evening Phone
_____	_____	_____
Annual Family Income (estimated gross, all sources, one year) \$_____		
Number of children in family _____ Number of parents living at home _____		
<b>YES NO</b>		
<input type="checkbox"/>	<input type="checkbox"/>	Has this child attended Camp Westwind before? Number of times _____
<input type="checkbox"/>	<input type="checkbox"/>	Has this child ever been awarded a scholarship? Number of times _____
<input type="checkbox"/>	<input type="checkbox"/>	Are you applying for funding for more than one child? If yes please list names: _____
<input type="checkbox"/>	<input type="checkbox"/>	Does the child require any special attention or have special needs? <i>This will not affect awards but helps us place the child in the correct session to support his/her needs.</i>
Please give details: _____ _____		

**All families are required to pay a portion of the camp fees.**

What amount is the family or child able to contribute toward the cost of camp?

\$
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I certify that the preceding information is true and correct.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



