

# DIOCESE OF WEST TEXAS

## Camps and Conferences ~ Mustang Island Family Camp

### Scholarship Application

The DWTX Scholarship Fund, which is raised through various donors, allows families needing financial assistance an opportunity to experience the Diocese of West Texas camping programs. It is designed to pay approximately 1/3 of the camp tuition. The expectation is that the family's Home Church will pay 1/3 (deposit), the Family 1/3, and the Scholarship Fund 1/3 (**2010: \$205 / \$200 / \$200 respectively**).  
*Exceptions based on hardship will be considered on a case-by-case basis.*

Send completed Scholarship Application to the Mustang Island Conference Center:

**Mustang Island Conference Center, P.O. Box 130, Port Aransas, TX 78373 Attn: Scholarship**  
**May also scan and email: [nita.shaver@dwtx.org](mailto:nita.shaver@dwtx.org) and [lynn.corby@dwtx.org](mailto:lynn.corby@dwtx.org) Fax: 361.749.1802**

**Note:** Primary Contact must have Family Account in place and registration complete up to the payment process before scholarship can be processed and registration finalized.

**Family:** \_\_\_\_\_  
 Mustang Island Family Camp Session \_\_\_\_\_ Session Second Choice \_\_\_\_\_

**Primary Contact on Account:**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone #'s:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**2<sup>nd</sup> Contact (if applicable):**

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone #'s:** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Church Information:**

**Church Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Clergy:** \_\_\_\_\_ **Church Phone:** \_\_\_\_\_

**Clergy Email:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**I hereby certify that the above information is true and accurate to the best of my knowledge and that this application is made in good faith with no intent to misinterpret the applicant's circumstances.**

\_\_\_\_\_  
**Family Primary Contact Signature      Date**

\_\_\_\_\_  
**Clergy Signature      Date**

MICC: Approved: Yes No Date Received: \_\_\_\_\_  
 Church \$ \_\_\_\_\_ Fund \$ \_\_\_\_\_  
 Date Entered: \_\_\_\_\_ Initials: \_\_\_\_\_