



# Williamsburg

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## CHRISTIAN RETREAT CENTER

### **Scholarship Applicant:**

Enclosed you will find our Scholarship Policy and the Scholarship Application. Please fill out the registration form portion of the camp brochure and the Scholarship Application and mail or fax them to us.

Please let me know if you have any questions regarding the process.

Sincerely,  
Ginger McMeniman  
Program Director, WCRC

### **Scholarship Policy**

Williamsburg Christian Retreat Center will pay up to but not exceeding 60% of registration fees pending approval. In cases of extreme hardship WCRC will make an effort to find additional assistance for the remaining 40%.

Churches often are supportive of their members attending camp. You may want to consider approaching your church for additional help as well.

The person making the request, their parent, pastor, or social worker should complete this application.

WCRC will review applications for assistance and will determine eligibility. If approved, the person submitting the application will be notified within 20 days.

A Scholarship Application must be submitted at least 30 days prior to the camp, or program date. Include all information requested. All information is confidential.

NOTE: Approval for a scholarship does not automatically register a person for camp or a program. Please be sure to complete a registration form.

9275 Barnes Road, Toano, Virginia 23168  
**Phone** 757-566-2256 // **Fax** 757-566-4875 // [ginger@wcrc.info](mailto:ginger@wcrc.info)



## Scholarship Application

Name and dates of program \_\_\_\_\_

Name of person being funded \_\_\_\_\_

Church \_\_\_\_\_

Parent/Guardian's Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Reason for requesting a scholarship \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requesting: \$ \_\_\_\_\_

Has the church listed above been approached about this need? \_\_\_\_yes \_\_\_\_no

Name of person submitting application \_\_\_\_\_

Phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

Your relation to applicant (check one):

\_\_\_\_ Parent or Guardian \_\_\_\_ Pastor \_\_\_\_ Social Worker \_\_\_\_ Other \_\_\_\_\_

Below, please list a reference who is aware of and can verify this need:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime phone number ( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_

Signature of person submitting application

Date