



## Duncan Park Scholarship Application

A typical Duncan Park scholarship is an agreement between the camper family or retreat participant, their local Episcopal church, and the Diocese/Duncan Park to each pay for **1/3 of the session registration fee. For Summer Camp 2024, 1/3 = \$295**



It is the family's responsibility to **register** for the session first, **complete** the Family Portion below, **ask** your priest to approve and sign for the church portion, and then **send** this form to Duncan Park:

**by fax:** (830) 995-2393,

**by email:** [lisa.wray@dwtx.org](mailto:lisa.wray@dwtx.org), or

**by mail:** Duncan Park; Attn: Scholarship Application; PO Box 9; Waring, TX 78074.

If you have questions, contact Duncan Park Director ([duncan.park@dwtx.org](mailto:duncan.park@dwtx.org); 865-771-0797) or Camps & Conferences Director, Rob Watson ([rob.watson@dwtx.org](mailto:rob.watson@dwtx.org)).

### Family Portion:

Camper Name: \_\_\_\_\_ Session Attending: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Parent Phone Number: \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

### Church Portion: *required if you are asking your church to supply a portion of the scholarship.*

Church Name: \_\_\_\_\_ (City) \_\_\_\_\_

Priest's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Church Scholarship Amount: \_\_\_\_\_

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

Priest Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

*Office Use Only: please do not write below this line* \_\_\_\_\_ *Date Received:* \_\_\_\_\_

Priest Signature: [ ] Church Portion Received: [ ] Date: \_\_\_\_\_ Church Portion Applied: [ ]

DWTX Amount Requested: \_\_\_\_\_ Approved: Yes [ ] No [ ] Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Applied To Camper Registration:[ ] Date: \_\_\_\_\_ Family Notified: [ ] Paid In Full: [ ] Date: \_\_\_\_\_