



Mustang Island Conference Center Scholarship Application

A typical Family Camp scholarship is an agreement between the camper family, their local Episcopal church, and the diocese/Mustang Island Conference Center to each pay **1/3 of the session registration fee.**

Visit www.dwtx.org/mifc for updated summer rates. **

More scholarship assistance may be requested; contact the conference center for more details.



How to Apply for Scholarship Support:

1. **Register** your family for the session you would like to attend (dwtx.org/camps). The site will ask for a deposit to complete and confirm registration, which will count towards your family 1/3 payment. **
2. **Complete** the Family Portion below.
3. **Ask** your priest to approve and sign for the church portion. **
4. **Send** this form to Mustang Island Conference Center, or ask your church to send it,

by email: lynn.corby@dwtx.org

by fax: (361) 749-1802; Attn: Scholarships

or by mail: Mustang Island Conference Center; Attn: Scholarships
PO Box 130; Port Aransas, TX 78373

****If you do not have a home church, would like to request additional scholarship support, or have other scholarship questions, please email the Mustang Island Office Manager, Lynn (lynn.corby@dwtx.org) or Camps & Conferences Director, Rob Watson (rob.watson@dwtx.org).**

Family Portion:

Primary Contact Name: _____ Session Attending: _____

Email Address: _____ Phone Number (optional): _____

Number of adults attending (including you): _____ Number of children (2+) attending: _____

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.

Primary Contact Signature: _____ (date) _____

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

Church Name: _____ (city) _____

Priest's Name: _____ Email Address: _____

Church 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 Form 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: _____