**LA CROSSE DIOCESAN COUNCIL OF CATHOLIC WOMEN**

*ADVENTURE CAMP SCHOLARSHIP APPLICATION*

Thank you for your interest in applying for a scholarship to participate in Adventure Camp, a camp dedicated to enriching the spiritual lives of youth and adults and combining faith, friends, and fun.

**Who Qualifies?**

* Students who will have completed 6th grade by the summer of 2022, through 12th grade

Scholarships are awarded following review of the application by the LDCCW Grant/Scholarships Committee.  Each applicant will be notified via email/ To complete the registration process, a check will then be forwarded on to Chris Rogers at the Diocese of La Crosse

**How Do You Apply?**

If you would like to apply for this scholarship, please fill out this form.

(www.ldccw.org)

**APPLICATION DEADLINE: April 1**

Camper/retreat attendee:

First Name \_\_\_\_\_\_\_\_\_\_\_\_Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_\_ (if student)

Entering Grade \_\_\_\_ (if student)

Parent(s)/Guardian Name if camper (applicant) is a minor:

Camp Information:

Have you attended a summer camp/retreat previously?

I heard about Adventure Camp..........

In the space provided please explain how attending Adventure Camp will help you to grow your faith.

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Applicant’s signature Date

Please e-mail or mail this form to the La Crosse Diocesan Council of Catholic Women President-Elect—see information below

**President-Elect / Scholarships / Renaissance: Susan Tully**
S6634 Cty Rd J
​Viroqua WI 54665
608-606-0631
presidentelect@ldccw.org

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