



**WESTFIELD KIWANIS**  
**PARK OF HONOR SCHOLARSHIP APPLICATION**

**The Westfield Kiwanis Club would like to offer children in the Greater Westfield Area, ages 5-14 the opportunity to attend a summer camp of their choice. The purpose of the scholarship is to assist families who have a Veteran, Active Military Member, Law Enforcement, Firefighter or First Responder as a parent/guardian or grandparent.**

**Applications will be accepted beginning May 1, 2018 through June 20, 2018. Decisions regarding applications will NOT be based on financial need. The purpose of this scholarship is to honor those parent/guardians and grandparents that serve or have served to protect our community on a daily basis.**

**We will award up to \$200.00 per child until funds are depleted. Scholarships applications will be placed into a pool and winners will be drawn randomly until funds are depleted. Scholarships will be paid directly to the chosen camp.**

**Funding for these scholarships made possible by the sale of flags from the Park of Honor event held in November. Download forms at:**

**[www.westfieldkiwanis.org](http://www.westfieldkiwanis.org). Please feel free to contact Kellie Brown at 413-562-2301 or [kbrown@bgcwestfield.org](mailto:kbrown@bgcwestfield.org) for additional information.**



## **PARK OF HONOR SCHOLARSHIP FUND**

Print clearly on this form and fill out all information required. Return by mail to  
Park of Honor Scholarship c/o Westfield Kiwanis Club  
P.O. Box 773  
Westfield, MA 01086

### **CHILD'S INFORMATION:**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_

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

**Name & Mailing Address of the Camp to Attend:** \_\_\_\_\_  
\_\_\_\_\_

**Dates to Attend:** \_\_\_\_\_

**Date Payment is needed by:** \_\_\_\_\_ **Cost of Camp:** \_\_\_\_\_

### **PARENT'S INFORMATION:**

**Qualified parent/guardian or grandparent:**

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

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

**City/State/Zip** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**I am: Veteran Active Military Law Enforcement Firefighter First Responder**  
Circle one

Please provide what unit/department you are or were affiliated with and dates of service.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_