



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:** _____

Mailing 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:** _____

MUST BE RECEIVED BY JUNE 2, 2023