



Please print clearly and complete all fields. Return by postal mail to:

**Westfield Kiwanis Club
Park of Honor Scholarship
P.O. Box 773
Westfield, MA 01086-0773**

Camper's information:

First name _____ Initial _____ Last name _____
Date of birth: _____ Current grade: _____
Address _____ City _____ State _____ Zip _____

Camp to be attended:

Name: _____
Address _____ City _____ State _____ Zip _____
Dates to attend: _____
Date payment due: _____ Cost of camp: _____

Qualified parent/guardian information:

First name _____ Initial _____ Last name _____
Address _____ City _____ State _____ Zip _____
Telephone w/area code: _____ E-mail: _____

I am (check one) Veteran Active military First responder
 Firefighter Law enforcement

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

Parent's signature: _____ Date: _____

Completed application MUST be received by June 12, 2026