



2018 Financial Scholarship Request Form

We do our best to make sure all kids have a chance to come to camp and grow in Christ, but ask applicants to seek other avenues for assistance first (i.e. church, etc...).

Camper Name: _____
 Male Female DOB: _____ / _____ / _____ Grade in Fall: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Parent/Guardian Name(s): _____
 Home Phone: (_____) _____ Cell/Work Number: (_____) _____
 Parent Email: _____

Have you asked for assistance from your Church or another organization? Yes No (List Below)
 Have you asked for assistance from RRCC in previous years? Yes No

Home Church & City, State: _____
 Church Address, City, & State: _____
 Church Contact Email & Phone#: _____
 Church Amount Given: \$ _____

Other Organization Name: _____
 Organization Contact Email & Phone#: _____
 Organization Amount Given: \$ _____

1st time RRCC Camper: Yes No
 Other Household Dependents Name: _____ Age _____
 Other Household Dependents Name: _____ Age _____
 Other Household Dependents Name: _____ Age _____
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 Other Household Dependents Name: _____ Age _____

Reason for Financial Assistance Request(i.e. lost job, single parent, etc...): _____

Requested Amount: \$ _____
 Camp Session Attending: _____

Rock River Christian Camp and the CCCA have permission to use any pictures/videos of my camper in publicity.
Parent's/Guardian's Signature (If under 18): _____ **Date:** _____ / _____ / _____

Office Use Only: Contacted: Yes No: Verified Other Contacts: Yes No: Amount Awarded: \$ _____