



2020 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 \_\_\_\_\_
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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: \$ \_\_\_\_\_