



# 2021 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: \$ \_\_\_\_\_

1<sup>st</sup> time RRCC Camper: Yes  No   
 Other Household Dependents Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Other Household Dependents Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Other Household Dependents Name: \_\_\_\_\_ Age \_\_\_\_\_  
 Other Household Dependents Name: \_\_\_\_\_ Age \_\_\_\_\_  
 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: \$ \_\_\_\_\_