



2024 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 _____

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: \$ _____