



2025 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 _____
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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: \$ _____