

Rock Church Mv Camp/Retreat Scholarship Form

Retreat / Camp student is applying for: _____

Today's Date: ____/____/____

CAMPER'S NAME _____

Parents or Guardian's Name(s) _____

Has camper attended a Rock Camp/Retreat before? Yes or No

If yes, when was camper's most recent camp and year? _____

Has camper received scholarship assistance from The Rock and/or Mt. of Olives in the last five years? Yes or No

If yes, for which camp and what year? _____

Total number of children living in your home: 1 2 3 4+

What kind of scholarship are you looking to apply for? 25% discount 50% discount Other

Please describe the circumstances surrounding your need for financial assistance:
(Use back of sheet if necessary.)

My child would benefit from a camp scholarship because:

Please sign below stating you have a true financial hardship that would prevent you from attending camp without financial assistance.

Signature of parent or guardian (required)

Thank you for completing your application in full. Our Rock Church Registration Committee will review and get back to you soon with their decision.