

CAMP ROCK

SCHOLARSHIP APPLICATION

Today's Date _____
Parent's / Guardian's Name _____ Phone _____
Address _____
City _____ State _____ Zip _____
Email _____
Age _____ Single Married Separated Widowed
Camper's Name(s) & Age(s) _____
How did you hear about Camp Rock? _____

What is your child's primary purpose for coming to Camp Rock? What do they desire to learn? What interests them?

Total household monthly income _____

List all who currently live with you, their age, and their relationship with you _____

Do you regularly attend Mission Church? Yes No

Please explain the basis for your financial need _____

PLEASE RETURN THIS COMPLETED FORM TO:

Mission Church Attn: Pastor Brett Lovern
651 Lampeter Road, Lancaster, PA 17602

or save it & email the PDF to havefun@camprocklancaster.com

DO NOT WRITE BELOW THIS LINE – FOR MISSION CHURCH ONLY

Disapproved Reason _____
 Approved Approved By _____