



CAMPER SCHOLARSHIP REQUEST
ABCRM Camping at Quaker Ridge Camp
July 11-17, 2010

CAMPER – Please print legibly

Last Name: _____ First Name: _____ MI: _____

Home Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Grade Completed: _____ Gender: Male Female

Parent's Name: _____

Cell Phone: () _____ Work Phone: () _____

E-mail: _____

Church: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____

Pastor: _____

Priority in awarding scholarships will be given to first time campers. If funds are available, return campers will be considered for camping scholarships.

SCHOLARSHIP WORKSHEET

Camper Fees (see Registration Form)		\$
Local Funds for Camping		
Family contribution to camp	\$	
Local church scholarship		
Other local funds if available (fundraising, gifts, etc.)		
Total Local Funds available for camping		
Request for ABCRM Scholarship (subtract "Total Local Funds" from Total Fees)		\$

Parent/guardian signature: _____ Date: _____

Pastor/Treasurer signature: _____ Date: _____

Reviewed by: _____

Approved by: _____

**To avoid late fees, return by
 May 24 to:**
ABC of the Rocky Mountains
Front Range Camping
6855 S. Havana St., Suite 220
Centennial, CO 80112