

**Rocky Mountain Camp**

43601 Hwy 550  
Durango Co 81301  
970-385-7713

**Scholarship Application**

Fill out form completely and mail to the above address with a \$15.00 processing fee.

(Please Print)

Date \_\_\_\_\_

**Student Applicant Information**

Name: \_\_\_\_\_ Sex: M F SS# \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Student lives with: Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_

Name and Ages of Siblings: \_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

\_\_\_\_\_ age: \_\_\_\_\_

**Parent, Stepparent, Grandparent Information**

Parent 1:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employed By: \_\_\_\_\_ FT? \_\_\_\_\_ PT? \_\_\_\_\_ Years with Firm \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent 2:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title: \_\_\_\_\_

Employed By: \_\_\_\_\_ FT? \_\_\_\_\_ PT? \_\_\_\_\_ Years with Firm \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parents Financial Information**

Total Taxable Income before deductions: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Total Taxable Income after deductions: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Total Nontaxable Income: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Approximate Value of all other assets: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Total Yearly Expenses: \_\_\_\_\_ Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

Total amount of educational expenses, including applicant and siblings: \_\_\_\_\_

The Rocky Mountain Camp thanks generous individuals and foundations for making scholarship funds available. Our desire is that no child be denied the opportunity to come to Camp because of a lack of funds. Partial scholarships are awarded strictly on financial need, and we feel a keen obligation to award scholarships fairly.

Please indicate the amount of scholarship aid you are seeking \_\_\_\_\_

Write a brief statement explaining why you are asking for scholarship aid. Include any unusual circumstances you feel pertinent in helping the Selection Committee determine the merit of the request (use additional space if necessary).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The following information is true according to the best of my knowledge.

Parent 1 \_\_\_\_\_ Date \_\_\_\_\_ Parent 2 \_\_\_\_\_ Date \_\_\_\_\_