

Camp Utmost Scholarship Request

Please return completed form at least 10 days in advance of the start day of camp.

Mail to: RMBM, 1515 Fairview Ave., Suite 200, Missoula, MT 59801

Camper Name:
Parent Name:
Camp Week:
Phone Number(s) and e-mail (if you prefer contact by e-mail):
Home church, pastor's name, and church phone number:
Have you contacted your home church for financial assistance? <input type="checkbox"/> No <input type="checkbox"/> Yes
Did your child receive a scholarship for camp last year, and if so, was it from your church or Rocky Mountain Bible Mission? <input type="checkbox"/> No <input type="checkbox"/> Yes Source:
Except in the most unusual situations, the maximum scholarship will be \$75. You will be notified if your child receives a scholarship and the amount you will need to pay by the first day of your child's camp.
Please describe your financial situation and need for a scholarship.
Date: Signature: