

Push The Rock Scholarship Form

Camper's name and age: _____

Week(s) applying for: _____

Date of application: _____

Parents name: _____

Address: _____

Phone number: _____

Email address: _____

Marital Status: Single Married Divorced Separated

List name(s) of all your children and their ages:

Place of employment: _____

Address: _____

Phone number: _____

Manager: _____

What level does your family income fall in?

- \$0-\$15,000 \$15,001-\$25,000
 \$25,001-\$35,000 \$35,001-\$45,000
 Over \$45,001

Please explain your reason for asking for scholarship assistance:

How did you hear about Push The Rock? _____

Please list two personal references we can contact:

Name _____ Phone # _____

Name _____ Phone # _____