Scholarship Request

CHRISTIAN MOUNTAIN ADVENTURES
REDCLOUD

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

E-Mail Address _____

Occupation _____

Camper Name _____ Age _____

Camp Name/Dates _____

Is the participant currently registered for this camp? ❑ Yes ❑ No

Briefly state below the reason for this request:

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The above information is strictly confidential and will be used in our evaluation of your request for financial assistance. Scholarship funds are limited, so please only submit requests for real needs.

Parent/Guardian Signature _____ Date _____

Please complete and mail to:

Redcloud
P.O. Box 130
Lake City, CO 81235
Or fax to (970) 944-2602