

RMC Scholarship Guidelines

1. The number of scholarships awarded will depend on the amount of money donated to the scholarship fund.
2. Scholarships given are partial and any remainder due must be paid **before** the event. Whole scholarships are given under extreme hardship circumstances only.
3. Scholarships are based on need; 1 Timothy 5 tells us to determine who is really in need.
4. Your application and situation is confidential.
5. You will be notified ASAP if you have been approved for a scholarship.
6. Please answer this form honestly and completely. Any violation of honesty will disqualify the request.

Rocky Mountain Calvary Scholarship Request Form

Personal Information:

Name: _____ Date: _____

Address: _____

Phone: Hm: _____ Wk: _____ Cell: _____

Family Information:

Single Married Separated Divorced Widower

Spouse's name: _____

Number of children living with you: _____ Ages of children: () () () ()

Employment Information:

Are you currently employed? _____ Total monthly income: \$ _____

If no, how long have you been unemployed? _____

Is your spouse currently employed? _____ Total monthly income: \$ _____

Please describe in detail the circumstances that prompted you to request a scholarship:

Spiritual Information:

Is RMC your home Church? Yes / No If yes, how long? _____

How many times per month do you attend Church? (circle one) 1 2 3 4 5 6 7 8 8+

What service do you usually attend? _____

Do you know any staff members at RMC? Yes / No

If so, who? _____

Are you involved in any small groups or ministries at RMC? Yes / No

If so, in what ways are you involved? _____

Income and Expenses:

Your monthly income: Wages \$ _____ Other \$ _____ Total \$ _____

Your monthly expenses:

Home Expenses		Transportation	
Mortgage/rent		Auto loan payment(s)	
Utilities (gas, electric, water)		Gas/fuel/bus	
Home and Mobile Phones		Insurance	
Cable/Internet Provider		Subtotal	
Trash		Consumer/Loan Debt	
Subtotal		Credit card payments	
Daily Living		Other loan payments	
Groceries/Dining out		Subtotal	
Child Care		Medical and Insurances	
Household (Laundry, hygiene, postage, etc)		Medical	
Other		Medical and Life Insurance	
Subtotal		Subtotal	
		Grand Total	

We offer 50% scholarships, are you able to pay for the rest of the amount? Y/N

I have truthfully answered all questions on this form. I understand any violation of honesty will immediately disqualify the request.

Signature: _____ **Date:** _____