2026 CAMP ROCK SCHOLARSHIP APPLICATION

1605 Cromwell Bridge Rd. Baltimore, Maryland 21234
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- ❑ You must have submitted a camper application for consideration.
- ❑ All requests must be submitted via U.S. Mail. Camp Rock will not review electronic submissions.
- ❑ All scholarship applications must include the following supporting documentation:
  - 2025 W2s (last 2 months)
  - 2025 1040 Income Tax Return (first page)
  - A 500-word essay describing the impact that this award would have on your family

NAME OF CAMPER: _____ **AGE:** _____

PHONE NUMBER: (_____)_____-_____ **EMAIL:** _____

ADDRESS: _____
STREET **CITY/TOWN** **STATE** **ZIP**

HAVE YOU RECEIVED FINANCIAL ASSISTANCE FOR CAMP ROCK WITHIN THE PAST YEAR? □YES □NO

MY CHILD WILL BE ENROLLED FOR THE FOLLOWING WEEK (S):

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7	WEEK 8	WEEK 9	WEEK 10	WEEK 11
2025 **DATES**	JUNE 8-12	JUNE 15-19	JUNE 22-26	JUN/JUL 29-3	JULY 6-10	JULY 13-17	JULY 20-24	JUL/AUG 27-31	AUG. 3-7	AUG 10-14	AUG 17-21
MARK WEEKS ATTENDING											

FAMILY INCOME QUESTIONAIRE

Please indicate total household income as reported on last year's tax form

Total weekly camp fee $_____

Amount of fee I can pay $_____

___**Under $10,000**
___**$10,001 - $30,000**
___**$30,001 - $50,000**
___**$50,001 - $70,000**
___**More than $70,000**

□**Do not work or currently unemployed.**

□**Other income (i.e. Child Support)** _____

Amount of the Assistance Requested: $_____

Number in Household: Adults: _____**Children under 18:** _____ **Children's Ages:** _____ _____ _____ _____ _____

Child lives with: □ **One parent** □ **Both parents** □ **Guardian** □**Other** _____

Place of employment: _____

Please describe any special circumstances or family expense that you would like the Scholarship Committee to consider:

_____

_____

_____(Attach supporting documentation).

I have included all required financial documentation, an impact essay, and the completed scholarship application. I understand that failure to complete these steps will cause immediate rejection of my application (every question must be answered). All scholarship applications are subject to approval of the Camp Rock Board of Directors Scholarship Committee. I certify that the information on this form is accurate. I understand that if Camp Rock learns that false information has been submitted, I will be responsible for full award repayment.

Parent/Guardian Signature: _____**Date:** _____