



# Rooted Scholarship Assistance APPLICATION

We never want the lack of money to keep anyone from attending a Rooted Experience. Our desire is to provide people an opportunity to grow in their relationship with Jesus Christ no matter what their financial situation. **The full registration fee for Rooted is \$55.00. If you desire to attend Rooted, but do not have the means, you may be eligible to receive financial assistance to cover up to \$30.00 of this registration fee.** To apply for assistance, fill out the Scholarship Assistance Application below. It is our desire to be accountable to the Lord and be good stewards of the resources He has entrusted to us. We ask you to prayerfully complete this application, stating that you have a financial hardship which would prevent you from attending Rooted without financial assistance.

APPLICANT'S NAME \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Email \_\_\_\_\_

Event Registered for \_\_\_\_\_ Dates \_\_\_\_\_

Home Church \_\_\_\_\_ City \_\_\_\_\_

Church contact name & phone for reference \_\_\_\_\_

Have you been to a Mountain event before? YES NO If so, when was your most recent visit? \_\_\_\_\_

Have you or anyone on this application received scholarship assistance from MCC in the last five years? YES NO

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If assistance is denied, please cancel my reservation and refund my deposit. YES NO

Number of children living in your home \_\_\_\_\_ Approximate monthly household income (all sources including child support) \$ \_\_\_\_\_

Your occupation \_\_\_\_\_ Spouse's occupation \_\_\_\_\_

Are you requesting a Women's, Men's or Co-Ed group for Rooted? \_\_\_\_\_

What campus will you attend for the Rooted Experience: \_\_\_\_\_ What day? \_\_\_\_\_

Is there anyone in particular you want to be placed with for Rooted? \_\_\_\_\_

Do you have childcare needs? YES NO If so, how many children and what are their ages? \_\_\_\_\_

**Please explain the specific financial reasons you are applying for scholarship assistance: (Use back of sheet if necessary)**

\_\_\_\_\_  
\_\_\_\_\_

The above information is complete to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only

Registration # \_\_\_\_\_

Conference Cost \_\_\_\_\_

Scholarship amount awarded \_\_\_\_\_

Date notified \_\_\_/\_\_\_/\_\_\_

Accepted/Declined

Submit to: [marybach@mountiancc.org](mailto:marybach@mountiancc.org)