



Southeast Gateway (Orchard Crest) Permanent Fund

2025 Summer Program Scholarship Application Form

Please complete one form per family (in addition to the necessary individual registration forms for each camper). Please print legibly. Thank you!

Unfortunately, late applications cannot be accepted.

FAMILY NAME		FIRST NAME(S)
ADDRESS		HOME PHONE ()
CITY		CELL PHONE ()
STATE & ZIP		EMAIL ADDRESS
CHURCH		in (city)
Number of campers in family		
Name	Age/Grade	Desired Program (choices listed below)

Program Choices: (find more information at www.mid-america-disciples.org/summer)

☐ Mid-America camp experience (please name) _____

☐ Other camp experience (please describe) _____

Please indicate the amount of scholarship you are requesting*: _____

Please help us to understand the need surrounding your scholarship request: (please check all that apply)

- ☐ Our church cannot provide any scholarship support.
- ☐ Our church will provide _____ in scholarship support but we are unable to cover the rest of the fees.
- ☐ Unemployment/other financial hardship: _____
- ☐ Other: _____

REQUIRED SIGNATURES

<p>We agree to abide by the rules of the event and to cooperate with other participants and staff in helping the event fulfill its goals. We understand every participant is to attend the entire event.</p> <p>PARENT/GUARDIAN SIGNATURE _____</p> <p>Date _____</p>	<p>I recommend this applicant for participation in the Southeast Gateway Area Outdoor Ministries Program. <i>I have reviewed this application and found it to be accurate and in order to the best of my knowledge.</i> I have determined that the participant understands the procedures, purpose and policies of the program.</p> <p>SIGNATURE OF PASTOR OR BOARD MODERATOR _____</p> <p>Date _____</p>
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** Unfortunately we cannot guarantee that this amount will be granted as funds are limited. You will be notified of scholarship amount as soon as possible.*

**Email to susan@ccmadisciples.org, or mail to CCMA 9625 Tesson Ferry Rd.,
St. Louis, MO 63122.**