



**Southeast Gateway (Orchard Crest) Permanent Fund**

**2026 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.*

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

**Program Choices:** (find more information at [www.mid-america-disciples.org/summer](http://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>
---	---

*\* 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](mailto:susan@ccmadisciples.org), or mail to*

*9625 Tesson Ferry Rd.*

*St. Louis, Missouri 63123*