

GATEWAY USA MISSION CENTER CAMBERSHIP APPLICATION

APPLICANT INFORMATION

Name of Parent or Legal Guardian (if applicable):

Name of Camper:

Date of birth:

Parent Email:

Parent Phone:

Current address:

City:

State:

ZIP Code:

Congregation:

CAMP INFORMATION

Camp Attending:

Have you been to camp before and if so what was your experience?

What events do you most look forward to participating in or assisting with?

What do you hope to take away from this camp? What are your spiritual expectations?

FUNDING INFORMATION (GMC WILL FUND NO MORE THAN 50%)

Amount of Your Contribution:

Amount of Congregational Campership:

Amount of Other Sponsorships:

How much assistance do you need in covering the cost?

OTHER COMMENTS

Use this space to express any other comments you would like to share

SIGNATURES

Signature of applicant:

Date:

Signature of parent (if minor):

Date:

Please submit application for a campership to your CFO by the deadline listed on the Mission Center Calendar at www.cofchrist-gateway.org

THIS SECTION TO BE COMPLETED BY CFO

Recommended Amount of Mission Center Campership:

CFO Signature:

Date:

Section To Be Completed By MCFO

Awarded Amount:

Camp Business Manger Notified:

Date:

Requests for scholarship shall be treated confidentially and will be shared only with other leaders who "need to know", e.g. the camp (reunion) director, business manager, the Mission Center Finance Team and the Mission Center President Team.