

**Letter and Application for Regional Scholarship  
Christian Church (Disciples of Christ) of Greater K.C  
Camp Name: Tall Oaks Camp and Conference Center**

Return to: GKC Regional Office  
9401 Johnson Dr, Merriam, KS 66203  
Phone: 913-433-6672

\*All scholarships must be applied for through a Christian Church (Disciples of Christ) congregation within the Greater K.C. Region that the camper or family attend.

\*The minister of the aforementioned church is asked to submit the application for the Greater Kansas City Regional Office.

\*The minister will determine the campers eligibility based on the following criteria:

- A) Youth are identified because of family need;
- B) Youth are from families sending three or more siblings to camp;
- C) You are part of an under represented congregation;
- D) Youth have a parent who is volunteering as a staff person for an overnight camp.

\*The church and camper's family are expected to pay a portion of the camp registration fees.

\*Each camper is eligible for one scholarship per summer camping season.

\*Camper will be notified of amount granted within two weeks of receiving request.

If you have questions or concerns, please contact:

Rev. Shandra Yost-Soltani  
Camp and Conference Coordinator  
913-433-6672  
Email: [shandra@kcdisciples.org](mailto:shandra@kcdisciples.org)

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Date: \_\_\_/\_\_\_/\_\_\_

Name of Camper (Please print) \_\_\_\_\_

Camper Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Congregation: \_\_\_\_\_

Camp Requesting Funds For: \_\_\_\_\_

Dates of Camp: \_\_\_/\_\_\_/\_\_\_

Registration Deadline: \_\_\_/\_\_\_/\_\_\_ (two weeks from start of camp)

Total cost of Camp: \$ \_\_\_\_\_

My congregations will contribute: \$ \_\_\_\_\_

I am able to contribute: \$ \_\_\_\_\_

I am requesting a scholarship of: \$ \_\_\_\_\_

Campers Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Minister's or Chairperson of Congregation's Signature: \_\_\_\_\_

Date Granted: \_\_\_/\_\_\_/\_\_\_ Amount Granted: \$ \_\_\_\_\_