

Woman's Missionary Union of Dover Baptist Association

PO Box 6128, Ashland, VA 23005

Phone: 804-550-1980

Email: dover.info@doverbaptist.org

Website: www.doverbaptist.org

Carolyn Hollins Memorial Camper Scholarship for CrossRoads Camp Application

GA/RA/Children in Action/Challengers/Acteens/YOM or other children's missions organization

_____ (Year)

Date _____

Camper's Name _____

Parent/Guardian's Name _____

Address _____

(City) _____ **(State)** _____ **(Zip)** _____

Phone (H) _____ **(C)** _____

Date of Birth: _____ **Age:** _____

Church: _____

Address: _____

(City) _____ **(State)** _____ **(Zip)** _____

Pastor: _____

Do you attend a missions group for children/youth: i.e., GA/RA/CA/Challengers/Acteens/YOM/other missions organization?

__ Yes __ No If yes, name of missions group and description:

What do you like best about your missions group?

Why do you want to attend the CrossRoads Camp?

GA/RA/CA/Challengers/Acteens/YOM or Missions Leader:

Address _____

(City)

(State)

(Zip)

Phone _____

WMU Director (or Pastor) _____

Address _____

(City)

(State)

(Zip)

Phone _____

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As a condition of receiving the scholarship all applicants are required to write a one-page summary of "What I Learned or Experienced at Camp." This should be mailed to: Carolyn Hollins Scholarship, DWMU, PO Box 6128, Ashland, VA 23005. The leader may assist the camper with this assignment.

Signed _____
(Parents/Guardian/Camper)

**Applications should be mailed to:
Carolyn Hollins Scholarship
DWMU
PO Box 6128
Ashland, VA 23005**

Applications due to the Dover Office by March 1 no later than 3:00 pm.

**Carolyn Hollins Memorial Camper Scholarship
GA/RA/CA/Challengers/Acteens/YOM or other children's missions
organization**

Leader Recommendation

(Date)

Leader Signature: _____
Position: _____

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organization
WMU Director or Pastor Recommendation**

(Date)

WMU Director or Pastor Signature: _____