



434.277.8465 2247 Little Piney Road Lowesville, VA 22967 crossroads@crossroadscsc.com

CrossRoads Summer Camp 2024
Camper Scholarship Application

Please submit fully completed application, including two reference forms, via email or mail by June 1, 2024 for prime consideration. Applications will be reviewed as they are received, and applicants notified of partial or full scholarship awards within thirty days of application submission.

Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Please describe the financial need: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the applicant involved in a church/ministry? [ ] Yes [ ] No

Name of church/ministry: \_\_\_\_\_

City/town where church is located: \_\_\_\_\_

Why do you want to attend CrossRoads summer camp? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Are you involved in any mission groups/projects?  Yes  No

Please describe: \_\_\_\_\_  
\_\_\_\_\_

Please use the lines provided below as additional space to fully answer questions, or to share additional helpful information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I verify that the information provided in this application is accurate to the best of my knowledge. I understand that if applicant is awarded a scholarship to attend Camp: CrossRoads Summer 2024 then the applicant is required to submit a one-page summary of "What I Learned or Experienced at Camp."

Print Name (Parent/Guardian): \_\_\_\_\_

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

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



### Church Leader Reference

Please have a non-related adult, with strong knowledge of the applicant's church/ministry involvement complete the following reference and submit it with the application.

Applicant's Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

Using a scale of 1-5 (with 5 as the strongest score) rate the applicant's involvement and characteristics:

\_\_\_\_\_ Enthusiastically learns about and participates in missions

\_\_\_\_\_ Demonstrates attentiveness and engagement in church/ministry

\_\_\_\_\_ Shows kindness to others

\_\_\_\_\_ Is willing to help when asked

\_\_\_\_\_ Is sensitive to the needs of others

\_\_\_\_\_ Has a positive attitude

\_\_\_\_\_ Demonstrates leadership qualities and skills

\_\_\_\_\_ Portrays a mission's heart by \_\_\_\_\_

Additional Comments:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for completing this reference form. It may be returned to the applicant to submit with the application, emailed to [crossroads@crossroadscce.com](mailto:crossroads@crossroadscce.com), or mailed to 2247 Little Piney Road, Lowesville, VA 22967.



## Reference

Please have a non-related adult, with strong knowledge of the applicant's church/ministry involvement complete the following reference and submit it with the application.

Applicant's Name: \_\_\_\_\_

Name of Reference: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

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\_\_\_\_\_ Portrays a mission's heart by \_\_\_\_\_

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