

**Christian Church in Virginia
Scholarship Application for Quadrennial 2010**

APPLICATION DEADLINE: May 1, 2010

Name: _____

E-mail: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Church Name/Address: _____

Church Phone Number/E-mail: _____

District you will be representing: _____

Activities

Local Church: _____

District Activities: _____

Gifts: (Mark ALL that apply.)

Bilingual Children Outgoing (Silly)

Singing Dance Organized

Special Needs Athletic Drama

Gymnastics Photography Computer/Gaming

Creative Writing Writing Handiwork

Assisting Special Needs Painting/Sculpting/Drawing

Instrument (_____) Other (_____)

Please give a little more detail about one or two of your gifts above.

Question: Why do you want to be a part of Quadrennial 2010?

Will this be your first year attending Quadrennial? Yes or No
circle one

Along with your application, please send a letter of recommendation from one of your sisters in your local church. Please state below your reference.

Name of Sister: _____

Local Church: _____

Contact information: _____

By signing below, if funds are awarded, the applicant agrees to attend the 2010 Quadrennial.

Signature: _____ Date: _____

Send application to:

Quadrennial Scholarship Fund
Christian Church in Virginia
1290 Enterprise Drive
Lynchburg, VA 24502