

## APPLICATION FOR THE GLORIA FLYNN SCHOLARSHIP

The Gloria Flynn Scholarship is awarded to an individual /family (up to 2 adults and 2 children). This scholarship is not limited to first time campers but to anyone in need. This scholarship is donated to Georgia Mountains CFO by the Georgia Baptist Conference Center in Toccoa and covers cost for Room and Board for the family selected. The family will be responsible for Registration Fees. All applications must be received by May 31<sup>st</sup> to qualify for this scholarship. The winner of this scholarship will be notified no later than June 7<sup>th</sup>. The contact person for scholarships will attempt to contact all applicants that have applied. (This will allow each family to possibly receive other types of scholarships so they may still attend camp.)

Note: If no applications are received prior to May 31<sup>st</sup> the first eligible family will be awarded this scholarship.

### Information for scholarship application:

Applicants First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

Spouses First Name: \_\_\_\_\_ Last Name \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip / Postal Code \_\_\_\_\_

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

(Best way to contact you: \_\_\_ HP \_\_\_ cell \_\_\_ text \_\_\_ email \_\_\_)

Children: Name \_\_\_\_\_ DOB / Age: \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_  
Rising

Children: Name \_\_\_\_\_ DOB / Age: \_\_\_\_\_ / \_\_\_\_\_ Grade: \_\_\_\_\_  
Rising

Have you or anyone in your family attended a CFO camp? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, where and when? \_\_\_\_\_

Have you or anyone in your family attended a Georgia Mountains CFO? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, When? \_\_\_\_\_

Please submit any information about your family and why your family would be the best recipient of the Gloria Flynn Scholarship.

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By submitting this application, I am affirming that all information is true to the best of my knowledge. I understand that this is an application and doesn't guarantee me or my family being the recipient of the Dixie Dobra Scholarship.

Signature of Person(s) Submitting Application

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Email application to: [scholarships@georgiamountainscfo.org](mailto:scholarships@georgiamountainscfo.org)

Mail to: Karyn Brown  
Georgia Mountains CFO  
2120 Goldmine Drive  
Cumming, GA 30040

