

**SHOW ME THE WAY EMMAUS COMMUNITY
SCHOLARSHIP REQUEST**
(All information is confidential)



DATE: _____

WALK DATES: _____

MEN'S WALK #: _____ WOMEN'S WALK #: _____

NAME OF APPLICANT: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____ E-MAIL: _____

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APPLYING FOR:

Pilgrim

Full Scholarship \$ _____

Partial Scholarship - Amount Requested \$ _____

Team Member (what team) _____

Amount Requested \$ _____

(Maximum of \$75.00 available for volunteering as Team Member)

SIGNATURE: _____

DATE APPROVED: _____

CHAIRMAN OF EMMAUS BOARD: _____

SPIRITUAL DIRECTOR: _____

REGISTAR: _____

Mail to: Sharon Thompson, 105 Cedarwood Ave, Branson 65616