



Scholarship Application

Name _____

Gender: Male Female Age _____

Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____ Mobile Home

Email _____

Name of church you attend _____ Pastor's Name _____

Are you involved with other ministries? If yes, please tell us which ones

If you are applying for Pilgrim scholarship, please complete this section.

Sponsor Name _____ Email _____

Phone _____ Mobile Home

Why do you want to attend he Walk to Emmaus? _____

Have you reached out to your church, Sponsor or other ministries you are involved in to acquire funds toward your weekend fee? Yes No

How much are you requesting, up to \$100.00 (50% of fees)? \$ _____

If you are applying for a team scholarship, please complete the section below.

How many previous teams have you served on? _____

Where did you make your Pilgrim Walk? _____

Date _____ Walk or Flight# _____ Are you in a reunion group? Yes No

Why do you want to serve on an Emmaus team? _____

Have you reached out to your church, other Emmaus alumni, reunion group or other ministries you are involved in to acquire funds toward your team fee? Yes No

How much are you requesting, up to \$100.00 (50% of fees)? \$ _____

Weekend applying to serve on _____ Have you received an Emmaus Scholarship in the last 24 months? Yes No

Signature _____ Date _____

PLEASE DO NOT SEND PAYMENT WITH SCHOLARSHIP FORM

Please mail or email completed form to:

Aldersgate Emmaus Scholarship Committee
c/o Dawn Carr, 7601 Cypress Knee Drive, Hudson, FL 34667
daybreak723@live.com