



# 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 the 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, 368 Durham Court, Dunedin 34698  
daybreak723@live.com

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