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
PO Box 120044, Clermont, FL 34712-0044
aldersgateemmausfl@gmail.com

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