



SCHOLARSHIP APPLICATION *Please print CLEARLY*

Before applying for an Aldersgate Emmaus scholarship, please check with your home church or local Emmaus community to seek any available scholarships. Aldersgate Emmaus scholarships only provide up to 50% of the weekend fees after the first 50% is paid.

Applicant Name: _____ Gender: M F Age: _____

Address: _____

City: _____ County: _____ State: _____ ZIP: _____

Home Phone: _____ Mobile Phone: _____ Email Address: _____

_____ Church Name: _____

_____ Attend Regularly? Y N

Denomination: _____ Pastor Name: _____

Activities / Ministries in which I participate: _____

If applying for a TEAM scholarship, please complete the following section:

How many previous teams have you worked? _____ Last Team Worked: _____
Where did you make your Emmaus/Cursillo walk?: _____
Date: _____ Walk #: _____ Are you in a reunion group?: Y N
Why do you want to work on an Emmaus team?: _____

If applying for a PILGRIM scholarship, please complete the following section:

Sponsor Name: _____ Sponsor Email: _____
Sponsor Phone: _____ How did you hear about the Walk to Emmaus?: _____

Why do you want to attend the Walk to Emmaus?: _____

I understand that I shall provide the first 50% of fees and, if approved, Aldersgate Emmaus will provide the remaining 50%.

Weekend applying for: _____ Amount Requested: \$ _____

Applicant's Signature: _____ Date: _____

Please mail or email completed Scholarship Application along with any other applicable papers to:
Aldersgate Scholarship Committee
c/o Sandy Walker
2108 Abalone Avenue
Indialantic, FL 32903
sandywalker122@yahoo.com

FOR OFFICE USE ONLY:

Approved?: Y N

Amount Invested: \$ _____