



**Athens Area Walk to Emmaus
Scholarship Application**

Please indicate:

_____ Pilgrim* _____ Team#

Information on this form will be kept confidential

PILGRIM INFORMATION:

Name: _____ Age: _____ Male _____ Female _____

Address: _____

City: _____ State: _____ Zip: _____

Reason you want to attend a Walk to Emmaus: _____

Date of Emmaus Walk you wish to attend: _____

Sponsor's Name: _____

Amount you can contribute towards fee: \$ _____

Amount you are requesting: \$ _____

***The \$25 non-refundable deposit is not included in scholarship funds awarded**

Please write a brief statement explaining why you are requesting scholarship funds:

TEAM INFORMATION:

Name: _____

Walk you are requesting scholarship funds for: _____

How are you serving on the walk? _____

Amount you can contribute towards fee: \$ _____

Amount you are requesting: \$ _____

#Team scholarships are capped at \$75

Reason for requesting scholarship funds: _____

Signature of person requesting scholarship

Date: _____

Amount of scholarship approved: \$ _____

Date: _____

Community Lay Director Signature

Original to Requestor _____

Copy to Treasurer _____

Copy to Registrar _____

Mail to: Athens Area Walk to Emmaus—Scholarship Application, PO Box 80323, Athens, GA 30605