

EMMAUS SCHOLARSHIP APPLICATION

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Date/Location of Emmaus Walk \_\_\_\_\_

Application is for (circle & give amount): Full Scholarship \_\_\_\_\_ 1/2 Scholarship \_\_\_\_\_  
(amount) (amount)

The reason scholarship is needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of Sponsor  
(when applicable)

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Approved by: (Scholarship Committee)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
date