

# Cross Point Emmaus

## SCHOLARSHIP APPLICATION:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

## IF APPLICATION IS FOR A WALK TO EMMAUS CANDIDATE:

Walk #: \_\_\_\_\_  
Sponsor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Amount of Scholarship: \_\_\_\_\_

Total: \_\_\_\_\_

Registrar Signature: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Received by Board Treasurer: \_\_\_\_\_