Cross Point Emmaus
Board Scholarship
Application - CANDIDATE

Walk Number **#**_____ **Men's** _____ **Women's** _____

Candidate's Name _____

Address _____

City, State, Zip Code _____

Home Phone _____

Work Phone _____

Sponsor's Name _____

Home Phone _____

Candidate's Signature _____

Date _____

Scholarship Rules:

1. **Deposit of $75 must be paid.**
2. **Scholarships are limited per each set of walks.**

For Registrar's Use Only

Deposit Paid: $_____

Date Paid: _____

Amount of Scholarship $_____

Registrar's Signature _____

Date _____

REV 3.19.11