

**Cross Point Emmaus
Board Scholarship
Application - TEAM MEMBER**

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

Team Member's Name _____

Address _____

City, State, Zip Code _____

Home Phone _____

Work Phone _____

Team Member's Signature _____

Date _____

Scholarship Rules:

1. Deposit of \$75 must be paid
2. Scholarships are limited per each set of walks.
3. Applicant eligible for scholarship only once per every other set of walks.
For example, when applicant is granted a scholarship for the Fall walk, the applicant would not be eligible for another scholarship until the following year's Fall walks.

<u>*For Registrar's Use Only*</u>	
Deposit Paid:	\$ _____
Date Paid:	_____
Amount of Scholarship	\$ _____
Registrar's Signature	_____
Date	_____