

CHRYSALIS / JOURNEY SCHOLARSHIP FORM

CONTACT INFORMATION

SPONSOR'S NAME _____ PHONE NUMBER _____
CANDIDATE'S NAME _____ PHONE NUMBER _____
WALK / FLIGHT _____ TODAY'S DATE _____

SCHOLARSHIP REQUEST (CHECK ALL THAT APPLY)

SCHOLARSHIP FOR SPONSOR'S FEE (\$75) _____ (FULL OR PARTIAL)
SCHOLARSHIP FOR CANDIDATE'S FEE (\$75) _____ (FULL OR PARTIAL)

EXPLANATION OF REQUEST

Empty box for explanation of request.

REGISTRATION USE ONLY

Empty box for registration use only.

APPROVAL: _____ DATE: _____
APPROVAL: _____ DATE: _____

* NOTE: PLEASE INCLUDE WITH APPLICATION

** MAIL TO:
CLEVELAND EMMAUS COMMUNITY (ATTENTION REGISTRARS)
P.O. BOX 5754
CLEVELAND, TN 37320