

**Cross Point Emmaus
Board Scholarship
Application - PILGRIM**

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

Candidate's Name _____

Address _____

City, State, Zip Code _____

Home Phone _____

Work Phone _____

Sponsor's Name _____

Sponsor's Phone _____

Candidate's Signature _____

Date _____

Scholarship Rules:

1. A deposit equal of 50% of the current fee (\$130) must be paid to be eligible.
2. Scholarships are limited to funds available.
3. Only ONE scholarship may be granted in a 12 month period.

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