

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

Walk Number	# _____	Men's _____	Women's _____
Name	_____		
Address	_____		
City, State, Zip Code	_____		
Home Phone	_____		
Work Phone	_____		
Cell Phone	_____		
Signature	_____		
Date	_____		

Scholarship Rules:

1. A deposit 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.
4. Conference Room Team Members must submit by the end of the first training day.
Hands & Feet Team Members must submit by day of Training/Commissioning.

For Registrar's Use Only	
Deposit Paid:	\$ _____
Date Paid:	_____
Amount of Scholarship	\$ _____
Registrar's Signature	_____
Date	_____