

**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 (\$110) 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.

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