

# KEYSTONE EMMAUS/CHRYSLIS

P. O. Box 143  
Selinsgrove, PA 17870

## APPLICATION FOR SCHOLARSHIP FUNDS

(Please be assured that the information on this form will kept private.)

Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Reason you want to attend a Walk to Emmaus \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Date of Emmaus Walk you wish to attend \_\_\_\_\_

SPONSOR'S NAME \_\_\_\_\_

Amount of money you can contribute \$ \_\_\_\_\_

Amount of money you are requesting \$ \_\_\_\_\_ (Scholarships are limited to ½ of the cost of the walk.)

Please write a brief statement why you are unable to pay the full registration fee. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_