

**NORTHWEST SAN ANTONIO EMMAUS COMMUNITY**

**Walk to Emmaus PILGRIM Scholarship Application**

Please complete the following form and submit to a member of the NWSA Emmaus Community Board for consideration. The Board will consider this application, and if approved, notify the NWSA Emmaus Community Board Treasurer for processing.

The Sponsor has certified, by his/her signature below, that the person requesting financial assistance has a financial hardship AND that good faith attempts have been made to solicit funding for this Walk by this person's Home Church community and/or his/her Reunion Group.

Walk #: \_\_\_\_\_ Walk Location: \_\_\_\_\_

Walk Date: \_\_\_\_\_

NWSA Emmaus Community policy is to provide financial assistance to a Pilgrim up to and not to exceed 50% of the cost of the Walk based on verification of a significant financial need by the Sponsor. This application shall be submitted at least 2 weeks prior to the date of the Walk.

- (Check) This Pilgrim does not have the financial ability to pay for 100% of the cost of the Walk.
- (Check) This Pilgrim has not been able to obtain 100% of the cost of the Walk from their Home Church community.

Sponsor: \_\_\_\_\_

Sponsor Telephone Number: \_\_\_\_\_

Sponsor Email Address: \_\_\_\_\_

Pilgrim Name: \_\_\_\_\_

Pilgrim Home Church: \_\_\_\_\_

Walk Cost: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_ (Max 50% of Cost)

Explanation of why Pilgrim needs financial support to attend this Walk: \_\_\_\_\_

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

Signature of Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved    Not Approved   \_\_\_\_\_   Date: \_\_\_\_\_  
NWSA Emmaus Community Treasurer

Amount Approved \$: \_\_\_\_\_ Method of Funds Transfer:   Ledger \_\_\_   Check \_\_\_