

**NORTHWEST SAN ANTONIO EMMAUS COMMUNITY**

**Walk to Emmaus TEAM MEMBER 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 Walk Board Representative 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 Team Member up to and not to exceed 50% of the cost of the Walk based on verification of a significant financial need by the Board Representative. This application shall be submitted at least 2 weeks prior to the date of the Walk.

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

The Team Member, as per their signature below, understands that current NWSA Emmaus Community policy is to provide financial assistance to an Emmaus Walk Team Member on a 'One Time Only' basis, and that this Team Member cannot request financial assistance to work an Emmaus Walk from the NWSA Emmaus Community Board in the future.

Walk Board Representative: \_\_\_\_\_

Walk Board Representative Telephone Number: \_\_\_\_\_

Walk Board Representative Email Address: \_\_\_\_\_

Team Member Name: \_\_\_\_\_

Team Member Home Church: \_\_\_\_\_

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

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

\_\_\_\_\_

Signature of Team Member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Walk Board Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved  Not Approved \_\_\_\_\_ Date: \_\_\_\_\_

NWSA Emmaus Community Treasurer

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