

GA-Lina Walk to Emmaus Pilgrim Scholarship Request Form

To: Members of the Scholarship Committee

Date: _____

Note: Fill in blanks or circle the items that apply.

I, _____ hereby request a full/Partial scholarship in the amount of \$ _____ in support of Walk # _____. My Sponsor's name is: _____

This request is made due to: loss of job, financial hardship, unexpected medical expenses, or (other): _____.

Sincerely,

Printed Name: _____

Sponsor's Signature: _____

Instructions:

Sponsors:

Complete on Pilgrim's behalf *and submit to the Registration Chairperson of the GA-Lina Walk to Emmaus or Mail to: GA-Lina Walk to Emmaus, ATTN: Scholarship Request, PO Box 3423, Augusta, GA 30914*

*Request must be submitted **no later than the two weeks prior to the requested walk you plan to attend.***

Request will be reviewed by a Scholarship Committee and the results of Board's decision will be provided as soon as possible via your sponsor.

Sincerely,

GA-Lina Walk to Emmaus

Board of Directors