

**APPLICATION FOR SCHOLARSHIP**

**GREATER UVALDE EMMAUS/CHRYSALIS COMMUNITY**

Applicant Name \_\_\_\_\_

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

Walk Number: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Amount paid by Sponsor: \_\_\_\_\_ Pilgrim: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount Requested: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Lay Director: \_\_\_\_\_ Treasurer: \_\_\_\_\_

Check One:  Chrysalis     Women's     Men's

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