

Lexington Emmaus Community

Application for Scholarship

(Scholarships are issued for only 50% of the total fee. Applications are due with the walk application three weeks prior to the Walk)

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

NAME OF SPONSOR

or Walk # and Team Position: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ WORK PHONE: (____) _____

PLEASE EXPLAIN BRIEFLY WHY YOU ARE REQUESTING A SCHOLARSHIP:

Use reverse for additional space if necessary

Signature of Applicant

Signature of Sponsor

Lexington Emmaus Community
P.O. Box 23554
Lexington, KY 40523-3554