

# 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:

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Use reverse for additional space if necessary

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Signature of Applicant

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Signature of Sponsor

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