



updated 4/03/2022

WALK TO EMMAUS SCHOLARSHIP APPLICATION

- ALL INFORMATION IS REQUIRED. SEE CURRENT SCHEDULE FOR DATES AND REGISTRATION FEES.
- IF APPLYING FOR A PILGRIM SCHOLARSHIP, THE PILGRIM FIRST NAME, LAST NAME, AND BIRTH DATE MUST MATCH ON ALL 4 FORMS AND THE SPONSOR IS RESPONSIBLE FOR SEEING THE SCHOLARSHIP APPLICATION THROUGH THE PROCESS ON BEHALF OF YOUR PILGRIM.

Guidelines and Procedures

Scholarships are available for Pilgrims, Conference Room Team members, and Servant Team members. All persons wishing to receive a Scholarship for a Walk to Emmaus from the Greater Austin Emmaus Community (GAEC) must submit this application to the GAEC Treasurer. If a Scholarship is requested, the GAEC recommends 1/3 of the costs be paid by the Pilgrim or Team Member, 1/3 by the Sponsor/Church/Reunion Group, and 1/3 by Scholarship.

The GAEC Treasurer is authorized by the Bylaws: "Upon application, automatically give a 1/3 scholarship for any Pilgrim from a GAEC Church going on a GAEC-sponsored Walk to Emmaus as long as there is a positive balance in the Scholarship Fund." The GAEC Board of Directors must vote on all other Scholarship Applications including requests for more than 1/3 of the costs. The GAEC Treasurer will notify the Pilgrim's Sponsor, the Conference Room Team member, or the Servant Team member of the action taken.

WALK#: _____ **Walk Date (mm/dd/yyyy):** _____ **Cost:** _____ **Location:** _____

Pilgrim First Name: _____ **Last Name:** _____ **Birth Date (mm/dd/yyyy):** _____

Requestor Information (Pick One): For a Pilgrim, Conference Room Team member, Servant Team member

First Name: _____ **Last Name:** _____

Address: _____ **City:** _____ **State:** _____ **Zip+4:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
(none if the same as Cell Phone) (none if the same as Home or Cell Phone)

E-Mail: _____

Church Name & Address presently attending: _____

Applicant Information (Pilgrim, Conference Room Team member, or Servant Team member)

Church Activities and Qualifying Attributes: _____

General reason for request: _____

REGISTRATION CANCELLATION/CHANGE/REFUND POLICY:

All changes in Walk Registration must be submitted to the GAEC by e-mail or mail. Registration fees can be transferred in full to another GAEC-sponsored Walk upon notification to the GAEC before Thursday at 6 pm of the start of the original Walk. Full refunds minus a \$25 processing fee may be issued to the original payer(s).

Requestor's Signature: _____ **Date (mm/dd/yyyy):** _____

Mail this completed form to: GAEC Registrar, 16712 Rocky Ridge Rd., Austin, Texas, 78734

For office use only:

Scholarship request approved: Yes _____ No _____ **Initials:** _____ **Date:** _____

Amount Approved: _____ **Check #:** _____ **Date:** _____