



updated 09/27/2024

## 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, 139 Estrella Crossing, #101 Georgetown, TX 78628**

For office use only:

**Scholarship request approved:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Amount Approved:** \_\_\_\_\_ **Check #:** \_\_\_\_\_ **Date:** \_\_\_\_\_