

# EMMAUS / CHRYSALIS / JOURNEY SCHOLARSHIP REQUEST FORM

## CONTACT INFO

SPONSOR'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
CANDIDATE'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
WALK / FLIGHT: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

## SCHOLARSHIP REQUEST (CHECK ALL THAT APPLY)

SCHOLARSHIP FOR SPONSOR'S FEE (\$60.00) \_\_\_\_\_ (FULL OR PARTIAL)  
SCHOLARSHIP FOR CANDIDATE'S FEE (\$60.00) \_\_\_\_\_ (FULL OR PARTIAL)

## EXPLANATION OF REQUEST

## OFFICE USE ONLY

APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_

\* NOTE: PLEASE INCLUDE WITH EMMAUS, CHRYSALIS, OR JOURNEY APPLICATION

\*\* MAIL TO : CLEVELAND EMMAUS COMMUNITY (ATTN: REGISTRARS)  
P.O. BOX 5754  
CLEVELAND, TN 37320