

KEYSTONE EMMAUS/CHRYSLIS

P. O. Box 143
Selinsgrove, PA 17870

APPLICATION FOR SCHOLARSHIP FUNDS

NAME _____ AGE _____ MALE _____ FEMALE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

REASON YOU WANT TO GO ON AN EMMAUS WALK/CHRYSLIS FLIGHT _____

DATE YOU WOULD LIKE TO GO ON A WALK/FLIGHT _____

SPONSOR'S NAME _____

AMOUNT OF MONEY YOU CAN CONTRIBUTE _____

AMOUNT OF MONEY YOU ARE REQUESTING _____

PLEASE WRITE A BRIEF STATEMENT AS TO WHY YOU ARE UNABLE TO PAY THE FULL

AMOUNT OF REGISTRATION _____

SIGNATURE _____ DATE _____