

**WNC Mountaintop**  
 Emmaus Community  
 Kesha McClure, 828-316-1479  
 klma2116@gmail.com  
 Received: \_\_\_\_\_  
 Amount Funded: \_\_\_\_\_  
 Cash/Check#: \_\_\_\_\_  
 Approved: \_\_\_\_\_ YES \_\_\_\_\_ NO

**WNC Mountaintop**  
**Emmaus**  
**Community**



**Scholarship Request Form**

*The purpose of this scholarship is to assist Community Members financially. This Scholarship is applied to Pilgrim & Team Fees only and will be sent directly to the Treasurer.*

*The WNC Mountain Top Emmaus Scholarship Fund is limited to the generosity of the Community, so it is requested that you attempt to find an individual, church, or a Reunion Group to help financially support your need BEFORE requesting it from the Community.*

***This Form must be submitted before the Walk and, if requesting for a Pilgrim, with the Pilgrim's Application.***

Are you requesting for your **PILGRIM**:  Yes  No      Are you on **TEAM**:  Yes  No

Requestor's First & Last Name: \_\_\_\_\_  
 Requester's Email Address: \_\_\_\_\_  
 Requestor's Church: \_\_\_\_\_  
 Pilgrim's Name (If requested by a Sponsor): \_\_\_\_\_  
 Pilgrim's Church: \_\_\_\_\_  
 Pilgrim's Email Address: \_\_\_\_\_

Statement of Financial Need (**Required**): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you received/requested a WNC Mountain Top Emmaus Scholarship in the past?  Yes  No

**Scholarship with Partial Payment or Third-Party Financial Support Information:**

Sponsor/Team Member will pay: \$ \_\_\_\_\_      Church will pay: \$ \_\_\_\_\_  
 Reunion Group will pay: \$ \_\_\_\_\_      Other will pay: \$ \_\_\_\_\_  
**Total Scholarship Amount Requested: \$ \_\_\_\_\_**

**Additional Payment Options:**

**Payment Plan Requested**  Yes  No

- Team Member: I will make 4 equal monthly payments of \$37.50 (Total of \$150)
- Team Member: I will make \_\_\_\_\_ equal monthly payments of \$ \_\_\_\_\_
- Sponsor: I will make 4 equal monthly payments of \$42.50 (Total of \$170 for Pilgrim Fee)
- Sponsor: I will make \_\_\_\_\_ equal monthly payments of \$ \_\_\_\_\_

Payments will begin on: \_\_\_\_\_      Payments will end on: \_\_\_\_\_

**Signed:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**Sponsors or Team Members will be notified by email the status of this Scholarship Application by WNC Mountain Top Emmaus Treasurer, Kesha McClure**