



THREE RIVERS WALK TO EMMAUS

Emmaus Scholarship Request Form - Team Member

Today's date _____

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ E-Mail _____

Date of Walk and Walk Number _____

Cost of the weekend is \$170.00 We ask that the Team Members pay at least: \$85.00

(Paying several payments over the months of Teaming is very convenient.)

Additional funds are available for extreme hardship cases.

Reason for hardship – Please Explain _____

SCHOLARSHIP AMOUNT REQUESTED: \$ _____

Please mail or email to:

Jerry Belloit

belloit@clarion.edu (preferred)

175 Westwood Drive

Clarion, PA 16214

814-227-2673