

# **N. KENTUCKY WALK TO EMMAUS APPLICATION**

Please complete the information below so we can meet your needs on the weekend Walk to Emmaus.  
Information will be kept confidential. **UPON COMPLETION, RETURN THIS FORM TO YOUR SPONSOR.**

Name \_\_\_\_\_ *For Name Tag* \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Email: \_\_\_\_\_ M / F Age \_\_\_\_\_

Please Circle one      Married      Single      Divorced      Widowed      Separated

Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_

Your Occupation \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Name of close friend other than sponsor \_\_\_\_\_ Close friend phone ( ) \_\_\_\_\_

Name of church you attend \_\_\_\_\_ Denomination \_\_\_\_\_

Pastor's Name \_\_\_\_\_ Church Address \_\_\_\_\_

Has the Walk To Emmaus been explained to you? Yes / No      ***IF NOT, ASK YOUR SPONSOR TO EXPLAIN!***

Has the opportunity for fellowship following the Walk been explained? (ie. sharing groups, monthly gatherings) Yes / No

Do you have a physical limitation or health problem such as climbing stairs, hearing impairment, or any other impairment or illness that may effect your full participation on the weekend? Yes / No If yes, please explain. \_\_\_\_\_

Are you on medication that requires a time schedule? Yes / No      *Smoking at Saint Anne's is permitted outside only*

State briefly why you want to be involved in the Walk to Emmaus \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Please enclose a deposit of \$50.00 to be applied to the total fee of \$150.00. The deposit is non-refundable. Check's should be made payable to Northern Kentucky Emmaus. *The balance of the fee is due upon your notification of acceptance to the Walk.*

(Due to the limited number of spaces available at each Emmaus Walk, you may be placed on a waiting list.)  
*Give this application to you sponsor to complete and mail to the Emmaus Registrar.*

**NOTE TO APPLICANT: If, under special circumstances, you are unable to pay your application fee, please fill out the following Scholarship Request section. Once your request has been submitted, you will be notified as to whether your request has been approved.**

**In order to attend the Walk to Emmaus, I would like to request a scholarship in the amount of \$ \_\_\_\_\_. (Please note that a fee of \$20.00 is considered a minimum payment for all participants requesting a scholarship).**

## Sponsor Section

### **Sponsors:**

We are counting on you to understand and fulfill the responsibilities of a Sponsor. Please read this section, prior to giving the Emmaus Application to the prospective pilgrim. The following are your basic responsibilities.

### **Awareness and Sensitivity .**

You should sponsor only those you know well enough to assess their spiritual, physical, and emotional readiness for the Emmaus Walk Experience.

### **Preparation .**

You are to inform the pilgrim and spouse, if applicable, of the nature and schedule of the Walk and the opportunity for ongoing Emmaus participation.

### **Support .**

You are asked to support your pilgrim with transportation to and from the Walk, pray during the Walk, provide personal agape, attend Sponsor's Hour, etc..., escort them to their first Monthly Gathering and assist them in finding a share group. You should ask the pilgrim if there are family needs with which you can help during the Walk. You should also provide a snack or drink item that all the pilgrims and team can enjoy during the weekend.

*Lastly, you need to commit to minimal contact with a pilgrim on the Walk, especially if it is your spouse.*

**Please do not agree to sponsor a pilgrim if you can't commit to these sponsor responsibilities.**

### INFORMATION TO BE COMPLETED BY SPONSOR

Complete this APPLICATION form and return it to:

Northern

Kentucky Emmaus Community

**P.O. Box 76037**

Highland

Heights, Kentucky 41076

Sponsor's Name \_\_\_\_\_ Sponsor's Phone : \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sponsor's Email Address: \_\_\_\_\_

Church & Denomination you attend \_\_\_\_\_ Attend regularly? Yes / No

Where did you attend Emmaus / Cursillo? \_\_\_\_\_ When? \_\_\_\_\_ Walk # \_\_\_\_\_

Are you in a reunion / sharing group? Yes / No      Do you receive the Northern Ky. Emmaus Newsletter? Yes / No

Have you been a sponsor before? Yes/No      If yes, was it in the past six months? Yes/ No

How do you know the pilgrim? \_\_\_\_\_ How long? \_\_\_\_\_

Describe specific ways the pilgrim presently demonstrates Christian Fellowship.

\_\_\_\_\_

How do you think the pilgrim will benefit from the Walk to Emmaus?

\_\_\_\_\_

Is there any additional information or comments that may be helpful? (Use back if necessary)