

# **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. Checks 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).**