

**DAN RIVER UPPER ROOM EMMAUS COMMUNITY
APPLICATION FOR ASSISTANCE FOR TEAMING OR SPONSORSHIP
FROM CLYDE CONNOR MEMORIAL FINANCIAL AID FUND**

(Please type or print)

Date _____

(Check One)

Name: _____

Teaming _____

Address: _____

Sponsorship _____

City: _____

Pilgrim _____

State: _____ Zip: _____

Telephone: Home (____) _____

Office (____) _____

Last time you received aid from the Clyde Connor Memorial Financial Aid Fund.

Walk # _____ Date _____

How much of the fee can you afford to pay? _____

Give a brief description of your need in order to help the Fund Administrator to make a fair evaluation/assessment.

Applicant's Signature _____

FOR ADMINISTRATIVE USE

Date application received _____ Date given to Fund Administrator _____

Application: Accepted _____ Denied _____ Amount _____

Date applicant notified _____