

Scholarship Fund Application Form

Please print clearly and make sure that you also submit a registration form and deposit for your retreat. The information you provide will be treated in confidence.

Complete this form if you are applying for this option. Please note: we must also receive a completed registration form and deposit for this application to be processed.

For Office Use Only			
Amount \$	Date approved	Date Notified	
Retreat dates are from	to	Retreat Name	
City/State/Zip		Country	
Phone: Daytime	Evening	Cell	
Email	Year of b	oirthAnnual income \$	
Occupation	Number	of dependents (including yourself)	
Please describe why you are see necessary)	eking financial assistanc	ce to attend this retreat. (Attach extra	paper if
How much is the retreat fee?	\$		•
How much can you afford to pa	ay? \$	12 months?	
Financial assistance requested \$	<u>; </u>		
Signature		Date	

