

# Northern California Women's Herbal Symposium

P.O. Box 599 Sebastopol, CA 95473 707-824-1429  
www.womensherbalsymposium.org NCWHS@monitor.net

Dear Scholarship Applicant,

Thank-you for your interest in our Scholarship Program. We are pleased to be able to offer several full and partial scholarships for women who are unable to pay the full registration fee and are unable to participate in the Work Exchange Program for medical reasons. This form helps us to get to know you and your situation better. Please speak honestly and accurately. Priority goes to women who are not well or who are recovering from illness or injury.

We will contact you by telephone, mail, or email sometime during the months of  
**April for Sessions 1 and 2**  
**July for Session 3**

Green Blessings,  
Terri & Karen, NCWHS

## 2010 Scholarship Registration

Send this form and, if needed (see below), a long self-addressed stamped envelope to: NCWHS, P.O. Box 598, Graton, CA 95444.

Name \_\_\_\_\_ Phone w/ area code \_\_\_\_\_  
Last First

Address \_\_\_\_\_ Email \_\_\_\_\_

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

Mark :  Session 1: May 21-24  Session 2: May 28-31  Session 3: September 3-6

Child registration, age 11 and under. \$30-\$60 per child, free if needed All children must be registered.

Child's/Young Woman's name \_\_\_\_\_ Age \_\_\_\_\_ Child's/Young Woman's name \_\_\_\_\_ Age \_\_\_\_\_

If my child is placed on a waiting list I want to:  remain on wait list  attend without child  cancel & have fee return  
 attend with child on alternate Session: Circle: Session 1 2 3

I prefer confirmation sent to me by  email or  regular mail (I've included a long self-addressed stamped envelope for this)

Proceedings Book prepurchase \$20 each (\$25 at Symposium) Circle: Session 1 2 3 Total quantity ordered \_\_\_\_\_

Marketplace vendor. Registered participant's handmade items only. Describe items to sell/barter \_\_\_\_\_  
(if you offer edible items at Marketplace, please note that no edible items made with processed white or brown sugar will be permitted)

Marketplace donation: Amount enclosed (donation basis) \$ \_\_\_\_\_ Thank-you, your generosity helps NCWHS

Scholarship donation \$ \_\_\_\_\_ &/or raffle item donation:

Special Diet:  Vegan  Gluten-free

yes  no OK to give out my contact information to a woman in my area if requested for carpooling

Do not include my name on the roster. (NCWHS not responsible for materials sent to the roster)

Amount Enclosed
Registration payment, if partial scholarship is requested \$ _____
Proceedings \$ _____
Marketplace \$ _____
Total \$ _____

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## Application for Scholarship • 2010

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Check

- Session 1: May 21-24       Session 2: May 28-31  
 Session 3: September 3-6

Asking for a:

- Partial Scholarship    I can pay: \_\_\_\_\_  
 Full Scholarship

Please explain your situation: