

Northern California Women's Herbal Symposium

P.O. Box 598 Graton, CA 95444 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 email sometime during the months of

April & May for Sessions 1

July & August for Session 2

(please add us to your address book, so we will end up in your inbox)

Green Blessings,

Terri & Karen, NCWHS

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Application for Scholarship • 2012

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check

Session 1: May 25-28 Session 2: August 31-September 3

Asking for a:

Partial Scholarship I can pay: _____
 Full Scholarship

Please explain your situation: