

Northern California Women's Herbal Symposium

P.O. Box 599 Sebastopol, CA 95473 707-824-1429 voice 707-829-4704 fax

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
March and April for Sessions 1 and 2
June and July for Session 3

Green Blessings,
Terri & Karen, NCWHS

2008 Scholarship Registration

Send this form and a long self-addressed stamped envelope (if needed, see below) to:
NCWHS, P.O. Box 599, Sebastopol, CA 95473.

Name _____ Phone w/ area code _____
Last First

Address _____ Email _____

City _____ State _____ Zip _____

Mark : Session 1: May 16-19 Session 2: May23-26 Session 3: August 29-Sept 1

Young Women registration, ages 12 -20,

Child registration, age 11 and under. 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: attend without child attend only if child's space opens

move to an alternate session: 1 2 3 (circle) cancel & have fee returned

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: Registered participant's handmade items only. Describe items to sell/barter _____

Marketplace: Amount enclosed (donation basis) \$ _____

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. (Symposium is not responsible for materials sent to the roster)

Amount enclosed:
Proceedings \$ _____
Marketplace \$ _____
Total \$ _____

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Application for Scholarship • 2008

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check

- Session 1: May 16-19
 Session 2: May 23-26
 Session 3: August 29-September 1

Asking for a:

- Partial Scholarship You can pay: _____
 Full Scholarship

Please explain your situation: