

Spring Northern California Women's Herbal Symposium

P.O. Box 28 Graton, CA 95444 707-824-1429

springwomenshebal@sonic.net www.womensherbalsymposium.org

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 who are unable to participate in the Work Exchange Program for medical or other reasons. This form helps us to get to know you and your situation better. Priority goes to women who are not well or who are recovering.

We will contact you by email sometime during the months of

April or May for both Sessions 1 & 2

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

Green Blessings,

Terri Tall Tree



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Application for Scholarship • 2019

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Check: Session 1: May 17 - 20, 2019

Session 2: May 24 - 27, 2019

I am asking for a:

Partial Scholarship I can pay: _____

Full Scholarship

Please explain your situation: