

Creative Healing Connections, Inc.

**Adirondack Arts & Healing  
Weekend Retreats**

**Scholarship Form**

**Name of Program** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name of Participant** \_\_\_\_\_

Thanks to contributions from donors, we have limited scholarship funds available for partial to full aid. The \$50 deposit is required for all participants. In order to be as fair as possible we are basing our scholarship aid decision on your income and household size for this year. Scholarship requests will be honored on a first-come, first-serve basis until the funds are exhausted.

Please explain your financial situation briefly (i.e. unemployed, paying tuition, supporting another person, on assistance or disability, on limited income, etc.):

I can pay this amount: \_\_\_\_\_ and would like to request a scholarship for \$ \_\_\_\_\_

What was your adjusted gross income last year? \_\_\_\_\_

How many people in your household for tax purposes? \_\_\_\_\_



Please attach some sort of support for your request, such as the first page of your tax return, a letter from a social worker or community leader.

*Please return this form and a \$50. non-refundable deposit made out to:*

**Creative Healing Connections and sent to:**

CHC, PO Box 165, Saranac Lake, NY 12983

518-586-1063 info@creativehealingconnections.org~~ [www.CreativeHealingConnections.org](http://www.CreativeHealingConnections.org) ~~