

**CONTEMPLATIVE BIRTHING WORKSHOP
SCHOLARSHIP APPLICATION**

Scholarships range from 25%-75% off the full workshop fee. Please think carefully about how much you can pay, and only request a scholarship amount that you actually need, so that remaining scholarships can go to other families.

PLEASE NOTE: All information on this form is kept strictly confidential, and the form is destroyed after your attendance in the course/application withdrawal.



Date: _____ Scholarship Requested: _____

Workshop Dates: _____

Name: _____ Partner's Name: _____

Address: _____

Phone: _____ Email: _____

Number of people living in household:

Ages of each person living in the home:

Non-child dependents:

Number of adults employed for pay:

Place of Employment for each employed person:

Name: _____ Employment: _____

Name: _____ Employment: _____

Gross annual income of household (total earnings taken in by the family - before deductions and taxes):

Net annual income (total earnings after taxes):

All other income from any source (child support, grandparents, dividends, etc.):

Exceptional financial demands (please describe):

Own your own home? Fair Market Value:

Current Equity in your home:

Money in savings of any kind, including retirement accounts:

Please explain in why you feel you cannot afford the workshop fee: