



THE MANDALA CENTER Scholarship Application

The Mandala Center offers scholarship applications for individuals in need of financial assistance who are interested in having retreat or attending a workshop at The Mandala Center. Completion of an application is not a guarantee of award. All applications will be considered but it is recommended that applications be made at least 3 months prior to need.

Name _____ date _____

Address _____

Phone contacts _____

Email _____

Name of Workshop or Description of Experience you wish to attend at The Mandala Center.

List Dates. Include your plans to attend – how will you travel here? Drive/fly? Are you in need of a private or shared room?

Why are you interested in this experience/workshop? How will it benefit you? What are your goals or envisioned outcomes? (Use additional paper if needed or expand field) What inspired you to pursue this?

What is your scholarship need? This is a needs-based scholarship to assist those who are responsible with their money and accountable for their own needs, but may, at this time, be in need of assistance. How does this apply to you?

Please check the appropriate boxes. (You may check more than one).

My annual salary is

- Less than \$10,000
- \$10,000- 20,000
- \$20,000-30,000
- \$30,000- 50,000
- over \$50,000
- I am unemployed.
- I do not work but my partner/spouse is employed.
- Both myself and my partner/spouse are employed.
- I am my only dependent.
- I have other dependents. Number of dependents _____
- I receive welfare services.

Please describe any special financial situations you think may be important to your application.

Please indicate the amount of scholarship you are requesting.

Full Scholarship (covers all travel expenses/workshop fees/ meals/ lodging)

Partial Scholarship

- Workshop fee only
- Meals and Lodging only
- assistance with travel expenses
- other

Barter – I have something I would like to offer in trade for assistance. Describe.

Indicate monetary amount you are requesting for a full or partial scholarship, based on your specific situation. _____

Signature _____ date _____

For office use

Date reviewed _____ Reviewer _____

Determination _____

Reason _____

Applicant notified by phone email mail date _____