



RETREAT SCHOLARSHIP APPLICATION FORM

*NOTE: you must submit your retreat application before this scholarship application can be considered.
Please complete this form, save it, and send it as an email attachment to apply@dharmadrumretreat.org
The information you give us will be treated in confidence.*

For Office Use Only		
Amount \$ _____	Date Approved: _____	Approved by: _____

Which retreat do you wish to attend? _____ Retreat Dates: _____

Name: _____ Year of Birth: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Occupation: _____

Annual Income: \$ _____ Number of dependents (including yourself): _____

Please describe the circumstances due to which you need financial assistance to attend this retreat.

Signature: _____ Date: _____