

Scholarship Application Form

We are happy to review your application for a scholarship at All Souls Interfaith Gathering.

Please read the following carefully and complete all information.

All Souls Interfaith Gathering is an independent 501(c)(3) nonprofit organization that relies solely on funds from donors, program and retreat fees, and grants. Our low rates are calculated to cover the costs incurred for our programming and maintenance of the facilities. We are mindful of our spending practices and seek to be wise stewards of All Souls finances.

We have available a limited scholarship fund to allow for partial scholarships for program participants who would otherwise be unable to benefit. In order to determine financial need and make reports to our donors, review of the following information is necessary to award scholarships. **This information is held confidential.** Upon submission, your application will be reviewed and you will be notified of a scholarship decision.

Name:			<u>-</u>
Street Address:			
City:		State:	_ ZIP:
Telephone:	Email:		
Demographic Information:			
Female	Non-Binary	Single	Widowed
Male	Prefer to self describe	Married	Divorced
Prefer not to say		Prefer not to say	
Please check the appropriate categ	ories:		
Employed, full-time		Unable to work – reason:	
Employed, part-time		Retired	
Unemployed, looking for work		Full-time student	
Average monthly household incom	e from all sources:		
Number of persons living in househ	old: Nun	nber of dependents:	
Name of program you wish to atter	nd at All Souls:		
Date(s):			
Amount of money you can afford to	pay for this program: _		
What work skills are you willing to gardening, carpentry, painting, etc?	• .		
Please provide a brief summary of v	why you are requesting	financial assistance. Plea	se be specific:
What do you hope to gain from par	ticipation in this progra	m?	
Why are you interested in the topic	of this program?		
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