

Score:
Amount:



Journey Practitioner Scholarship Form

(To be submitted with a copy of Practitioner Application)

Name:				Date:	
Street:				Apt#:	
City:		State/Prov:		Zip:	
Mobile:		Home:		Email:	
Internal:		<input type="checkbox"/> I give permission for Journey Outreach to perform any necessary background checks			

Please initial the following paragraphs as an acknowledgement that you have read and understood the terms and conditions of your scholarship should you receive one.

Scholarships requests for Journey Intensives should be applied for using the Entry Level Scholarship request form. Teachers, or others professions, that are requesting funds for Advanced Skills or Liberating Kids Shining Potential and not intending to enroll in the Practitioner Program should also use the Entry Level Scholarship request form. Funds will not be awarded for Practitioner models already completed, and new funds will not be awarded in cases where money is currently owed to The Journey.

The Scholarship Board typically meets five (5) weeks prior to each Manifest Abundance retreat in North America. You must be accepted into the Practitioner Program through the Journey Office per their requirements prior to submitting a Scholarship Application. Your Scholarship Application and a copy of your Practitioner Program Application need to be received by Journey Outreach at least six (6) weeks prior to Manifest Abundance. You will be notified of your scholarship status (3) weeks prior to Manifest Abundance.

We value timeliness and good communication. You are required to pay Journey Outreach your portion of the individual workshop cost, in whole, at least one week prior to the workshop you are attending. If you mail a check it must be post marked at least ten days prior to the event. Otherwise, payment will need to be completed through the PayPal account at least one week prior to the event. If rescheduling is required, this also needs to be accomplished at least one week prior to the event. A 10% fee will be assessed for late payments. If payment is not received by one day prior to the workshop, you will be disenrolled from the scholarship program.

After completing your first Journey Outreach sponsored practitioner training class you may opt to leave the Practitioner Program with no obligations. If you drop or are disenrolled from the Practitioner Program after your first Journey Outreach sponsored class or fail to complete your volunteer commitments, without reasonable cause, you will repay all scholarship funds within three (3) months.

To receive a Scholarship you need to demonstrate that you are using Journeywork to help yourself and others. Within your first year of completing the Practitioner Program you agree to obtain your Practitioner Accreditation and gift back the amount of your scholarship funding by volunteering with Journey Outreach. Arrangements must be made prior to your Practitioner Year for volunteering on an existing program or one you start in coordination with Journey Outreach. Each 40 hours of volunteer time gifts back \$1000 of scholarship funding. Beyond your volunteer commitment, it is our desire for you to continue helping others using your newly acquired skills and to continue working with Journey Outreach.

You must be accepted into the Journey Practitioner Program prior to applying for a scholarship. Please ensure that your Scholarship Application is completely filled out. At least six (6) weeks prior to Manifest Abundance, your Scholarship Application and a copy of your Practitioner Program Application must be emailed to scholarships@journeyoutreach.org. Typically, scholarship applicants that have completed at least one advanced level course have a higher probability of receiving a scholarship.

1. Please fill in all the information for the past workshops you have completed and future workshops you will be attending. If the date or location of a future workshop is not set yet, please give it your best guess. Individual or group scholarship requests require a Small Grant Application if more than \$2500*, or a Large Grant Application if more than \$5000*.

<u>Practitioner Program Workshops</u>	<u>Cost</u>	<u>MM/DD/YY</u>	<u>Location</u>	<u>Amount You Paid or are Committing (USD)</u>	<u>Pd</u>
Advanced Skills	\$225	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Liberating Kids Shining Potential	\$225	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Healing with Conscious Communication	\$795	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Manifest Abundance Retreat	\$1,295	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
No Ego Retreat	\$3,095	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Practitioners' Training Week	\$3,795	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Total Cost of Workshops (A):	<input type="text" value="\$9,430"/>	Total Amount Paid and Commitments (B):		<input type="text"/>	
				*Total Amount of Scholarship Requested (A-B):	<input type="text"/>

2. Gross Yearly Household Income (USD): Number of People in Household:

3. Why are you applying for financial assistance? Are there any extenuating circumstances (life situations, special needs, other costs, etc.) that would support your request for funds?

4. The Journey Outreach Scholarship Fund is designed to help people who are passionate about helping themselves and others by sharing The Journey. How are you implementing this work into your life? How are you using this work to help others in your community? Do you plan to become an accredited practitioner?

5. In your opinion, how would Journey Outreach gain from you being selected for this scholarship funding? In what capacity are you willing to commit to being a catalyst of change within your sphere of influence and in helping Journey Outreach with its mission? Please tell us about any special skills you have or additional languages you speak.

6. Is there anything else you would like to share about yourself or your dreams and aspirations for Journey Outreach? If you could use these skills in any way, what is your highest vision?

7. Please provide up to three references and/or attach up to three letters of recommendation. At least one person should be a graduate of the Practitioner Program:

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Name:	<input type="text"/>	Phone Number:	<input type="text"/>

8. I affirm that all information in this form is correct to the best of my knowledge and I understand the terms and conditions outlined in this form.

Please type (or sign) your full name: