

The Hearts Center®
Pilgrimage / Event Scholarship Request Form

Date _____

Name _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ Phone # _____ E-mail _____

Pilgrimage/Event Requested _____

Total Scholarship Amount Requested? _____

How long have you been active within The Hearts Center? _____

Approximately how many pilgrimages/events have you attended to date? _____

Have you received previous scholarship(s) of any kind? Yes No If so, when/what amount?

How much are you able to pay toward this pilgrimage/event and when? _____

Why do you desire to attend this pilgrimage/event and why should you receive a scholarship?

Have you seen the movie *Pay it Forward*? If approved for a scholarship, how do you plan to pay forward this gift to The Hearts Center or to others within our movement?

Please complete this form, save it as a Word document or a Rich Text File (rtf) by adding your last name to the end of the file name and email it to our events team at events@heartscenter.org