



# *A Life Of Peace Wellness Institute 2009 Scholarship Application*

## **Eligibility**

1. Hold a current membership in A Life Of Peace Wellness Institute.
2. Seeking to take an upcoming class offered by A Life Of Peace Wellness Institute.
3. Submit a completed application and personal statement/essay.
4. Show involvement in personal/community health and wellness endeavors.
5. Recruit one additional student to share in the educational experience of the class you are applying for.

I am currently a member of A Life Of Peace Wellness Institute.

I would like to be a member of A Life Of Peace Wellness Institute at the following level:

Individual Member                       \$40.00  
Family     \$99.00  
Group/Organization                       \$199.00

My membership fees are enclosed.

## **Application Package Must Include**

1. Completed and signed application.
2. Typed essay not to exceed 300 words describing your holistic health aspirations and how the class you have chosen will benefit you.
3. A completed referral form for the student who will be taking the class with you.
4. NO EXCEPTIONS – Your application will be considered incomplete if you do not provide all of this information.

**Application deadline is two months prior to the class you are registering for.**

## **Mailing Instructions**

1. Send all the materials in one envelope.
2. Application must be postmarked no later than two months prior to the start of class.
3. Please retain a copy of your application for your records.
4. Send application package to:

**A LIFE OF PEACE WELLNESS INSTITUTE  
P. O. BOX 921  
MISSOURI CITY, TEXAS 77459**



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## **Personal Information**

<b>Full Name</b>	
<b>Company Name</b>	
<b>Street Address</b>	
<b>City, State ZIP Code</b>	
<b>Home Phone</b>	
<b>Alternate Phone</b>	
<b>E-Mail Address</b>	

**Do you know your life purpose? If yes, briefly share with us.**

**What areas of Holistic Health do you have previous training in?**



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## **Agreement and Signature**

**\*A Life Of Peace Wellness Institute** provides equal treatment to all persons without regard to race, color, religion, national origin, sex, age, disability, veteran status or sexual orientation except where distinction is required by law. The statement complies with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972 and all other federal and state regulations.

I certify that this information is complete and correct to the best of my knowledge. If my application is accepted, I agree to abide by the policies, rules, and regulations of the A Life Of Peace Wellness Institute, Inc, Scholarship Fund.

<b>Name (printed)</b>	
<b>Signature</b>	
<b>Date</b>	

**Disclaimer:** A Life of Peace Wellness Institute, Inc. is not responsible for any damage, loss, delay, injury or accident due to any act by class participants.



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## **Student Referral Form**

I am referring \_\_\_\_\_ to the  
\_\_\_\_\_ class.

*Please submit their contact information below.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_ She/He has already registered and paid for the course.

\_\_\_ She/He will register for the course on \_\_\_\_\_  
Date