



A Life Of Peace Wellness Institute 2011 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.

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	<input type="checkbox"/> \$45.00
Family	<input type="checkbox"/> \$99.00
Group/Organization	<input type="checkbox"/> \$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. 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

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

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.

Name (printed)	
Signature	
Date	

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.