

BURSARY APPLICATION FORM

a) Personal Information:

Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number _____ Email Address _____

b) Course Information:

Course (ex: HT Level 2) _____

Course Cost (travel and lodging expenses excluded) _____

Course Date _____ Course Location _____

Instructor _____

Is the instructor aware of this application: Yes No

Does the CHTF have permission to communicate with the course Instructor?: Yes No

Instructor email address: _____

Current level of completed Healing Touch courses: _____

I have applied for a bursary before: No Yes Date _____

c) The circumstances which support your need for financial assistance:

d) Your current involvement in Healing Touch activities:

e) A brief description of your expectations on how the learned Healing Touch skills will be applied in service to your HT community”

Signature _____

Date _____

Mail to: CHTF Bursary, c/o Alain Gélinas, 120-2905 montée Hamilton, Sainte-Julienne, Qc J0K2T0

For office use only:

Date of receipt of application:

Date of confirmation of attendance:

Amount of Bursary approved:

Date of processing of bursary cheque:

Cheque #: