

Ho'omālie Wellness and Massage

P.O. Box 3493, Idaho Falls, Idaho 83403
hoomaliehealing@gmail.com
(208) 206-4200

Gratitude Scholarship

Thank you for applying for the Gratitude scholarship. Please legibly fill out the following forms and return it to Ho'omālie Wellness and Massage in a timely manner for consideration. You will hear a response within one week of receipt of application.

Full Name: _____

Address: _____

Phone: _____ Email: _____

Best form of communication?

- Email Phone Call Text Letter

Please answer the following questions:

How did you hear about ThetaHealing®? _____

What is your experience with ThetaHealing? _____

What class/es are you applying for a scholarship? _____

Describe your reasons for attending this/these class/es: _____

Why do you deserve this scholarship? _____

It is my understanding that upon approval of my scholarship application I will ensure my \$100 non-refundable deposit (for each class) and at least ½ of tuition is paid by the first day of class. _____ (Initial)

I do not and will not hold responsible the class host, building/land owners, or business in which this/these class(es) are being held for any financial obligations regarding this contract. _____ (Initial)

I understand that this application is not an approved document of Vianna Stibal (founder of ThetaHealing), THInK® (ThetaHealing Institute of Knowledge®), ThetaHealing®, ThetaHealing™, and do not hold the aforementioned, employees, or affiliates responsible for this form or my financial responsibility. _____ (Initial)

Applicant Signature: _____ Date: _____

OFFICE USE ONLY

Date Received: _____ Date Approved/Denied: _____

Date Applicant is/was notified: _____

Amt of Scholarship Rewarded: _____ Amt of Remaining Investment: _____

Notes:

Authorizing Signature: _____ Date: _____