



Thank you for your interest in Gaia Wellness Retreat and our scholarship program. The intention of the program is to make GWR teachings available to as many interested individuals as possible, regardless of financial situation. As only a few scholarships are available each month, submitting an application does not guarantee that you will receive one. However, if we are not able to offer you a scholarship in a particular course cycle, you are welcome to apply again at a later date.

Please note that scholarships only cover course fees; no accommodation, transportation, or food benefit is included.

Your application must be sent to info@gaiawellnessretreat.com at least 21 days prior to the course start date. You will be notified by e-mail when your application has been reviewed. If you have any questions regarding the application process, please contact us.

It is our hope that scholarship recipients will be inspired by the teachings and will commit to continuing their spiritual practice for the benefit of all beings.

We greatly appreciate your interest in our programs, and we will carefully consider your request.

Personal Information

First Name: _____

Family Name: _____

Date of Birth (dd/mm/yy): _____

Gender: _____

Nationality: _____

Telephone (with area codes): _____

Email: _____

Current occupation: _____

Course Information

Course you wish to take:

Dates you wish to attend: _____

Have you applied for a scholarship to this program before?

Have you ever participated in a Gaia Wellness Retreat course before? _____

If yes, when, where, and in what program were you enrolled?

If no, how did you hear about us?

Have you ever been to Gaia Wellness Retreat Center in La Peche QC before? _____

If yes, when and in what program were you enrolled?

Do you currently have a spiritual practice? If yes, please explain.

What inspires you to join this course? What do you hope to get out of it?

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Do you have any physical or mental health conditions of which we should be aware?

Financial Information

Note: Income information is confidential and is required in order to process your application

1. Your total personal income from all sources for the past year:

\$ _____

2. Total partner/spouse personal income for the past year:

\$ _____

3. Total number of dependents you supported in the past year:

4. Total amount of money you have in savings or investments:

\$ _____

If you have any extraordinary expenses, large debts, or other circumstances that you would like the Scholarship Committee to take into consideration, please explain, including financial details.

Full Disclosure and Acceptance of Terms

I certify that all the information I have provided is complete and accurate and that I have given a full disclosure of my financial status. I understand that all the information in this application will be kept strictly confidential and only used to determine my eligibility for a scholarship.

In some circumstances, donors individually sponsor scholarships. These donors occasionally like to know about the person(s) receiving the scholarship. Please initial here if you agree to have your name and some personal information (not including financial information) released to donors. _____

This application requests personal and financial information. All information provided will remain confidential and not be released to anyone outside of Gaia Wellness Retreat without your permission. As a scholarship applicant, we trust that the information you provide is a complete and accurate disclosure of your financial status.

Signature:

Date: _____

Thank you for your application. We will notify you once your application has been reviewed.