Louhelen Bahá'í School Scholarship Request

Louhelen Bahá'í School is committed to making the school's programs available to as many people as possible. However, our Scholarship Fund is very limited. The friends are asked to please approach their (or a nearby) Local Spiritual Assembly first for financial assistance for themselves, family members and friends they wish to bring to Louhelen.

Please upload, mail, e-mail or fax your application to the address at the bottom so that it arrives <u>at least two</u> <u>weeks</u> in advance of the program.

	Name of Program: _							
	Dates of Program:							
	Have you been awarded a scholarship from a Local Spiritual Assembly or other Institution for this session?							
	[Plea. of you are re \ No	Amount: \$e of Assembly or other Institutions ask your Assembly to send an ur request. The e-mail should including stering for, and the amount of the explain:	ion: email to <u>louhelenrec</u> ude your name, the	Louhelen Baha	á'í School program you			
	only) is available to ass	person per calendar year of up sist those who would otherwise n	ot be able to attend	I one of the So	chool's programs.			
Name.		•••••		Δ.	10·			
		(Last)			Je: Enter "Adult" if over 18)			
Addres	(Street or PO Box)	(City	y)	(State)	(Zip)			
	(Day) (Mobile or alternate number)							
Are you	u a full-time student un	der age 25? Yes ☐ No ☐	Are you a de	ependent? Y	es 🗌 No 🗌			
		ssistance for yourself? Yes	•	•				
Are you	u requesting financial a	ssistance for others? Yes	No 🗌 If yes, p	olease provide	e the following:			
1.	Full Names of	Other Individuals	Relationship to you	Gender (M or F)	Age & Grade of child or youth			
2.								
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**Please circle all that apply:									
Have you attended a Louhelen Ba	há'í School program in the past	?	YES	NO					
If yes, approximately when?									
Have your received a scholarship	from Louhelen Bahá'í School i	n the past?	YES	NO					
If yes, what session and date?									
**Please answer the following questions:									
Please explain the reason you are requesting the scholarship.									
Please explain how the session	will help you to better serve	the community.							
Thank you for taking time to complete this application. If applicable, please attach the letter from your sponsoring Assembly or other Institution and upload, mail, fax, or email to the address below.									
For Office Use Only:	Total Cost of Session: \$								
Requested: \$	Awarded: \$	Initials	Date:						