Wakeman Educational Foundation

Financial Aid Application for Jon Young Workshop June 3-5, 2011

Applicant Name:		
Address:		
City:	State:	Zip:
City:	Cell Phone:	
Email Address:		
full cost of the workshop. We d	do not know the amount availa	would otherwise not be able to afford the able for scholarships until we know how as possible whether we can fulfill your
		nds agree to a work/trade relationship. op to help with the clean-up operation.
I feel I can afford to pay \$	for the workshop on	June 3-5, 2011.
Please describe the reason(s) for	or your request of this scholars	ship: (use back page if necessary).
Please describe the relevance of taking the teachings of the programme.		work or life goals and how you foresee a page if necessary).
The deadline for receipt of scheapply, the further down on the		2011. Keep in mind that the later you funds.
Please mail to Program Coordi Bob Staggenbo 3830 Arbor Gr	org	

Cincinnati, Ohio 45255 bobstag@gmail.com