



Center for Nature Informed Therapy (CNIT)

Scholarship Application

Thank you for your interest in the Center for Nature Informed Therapy's programs. Please fill out all sections of this form and return to info@natureinformedtherapy.com

NOTE: In order to assess qualification for the scholarship fund, it is necessary for us to ask some personal questions. Your answers will be kept on file and in strict confidence. Your annual income and your family size will be used to calculate your discount.

General Information			Today's Date: / /	
First Name:	Middle:	Last:	Other names:	
Home Address:		City:	State:	Zip:
Mailing Address:		City:	State:	Zip:
Home Phone #: () -		Cell Phone #: () -		
Date of Birth: / /	Household size # :	Do you have insurance? (circle one) Yes No		
Marital Status:	Single	In a relationship	Married	Divorced Separated Widowed

Household Size		
Name	Date of Birth	Relationship to you:
	/ /	
	/ /	
	/ /	
	/ /	
	/ /	

Household Income			
Name	Amount	Frequency (Circle one)	Employer:
You	\$	Weekly Monthly Yearly	
Spouse	\$	Weekly Monthly Yearly	
Children	\$	Weekly Monthly Yearly	
Other	\$	Weekly Monthly Yearly	
	\$	Weekly Monthly Yearly	
TOTAL	\$	Weekly Monthly Yearly	

Other Income	You	Spouse	Children	Other	Subtotal
Social Security					
Public Assistance					
Retirement Pension					
Food Stamps					
Child Support, Alimony					
Interest Income					
Other					
				TOTAL	\$

Please indicate the program you are interested in attending:_____.

Please list the amount you would be able to pay towards the program (dollar amount):

Please describe the reason(s) why you are seeking financial assistance (please attach additional pages if necessary):

The Center for Nature Informed Therapy strives to counteract the effects of systemic social oppression by supporting those who have been historically marginalized and kept out of healing spaces. This information helps us to direct our efforts and resources most effectively; we invite you to share your racial identity with us so we can best support our community of practitioners.

Please select the identities that apply to you:

- Person of color
- Mixed race
- White
- I prefer not to say

I do hereby swear or affirm that the information provided on this application is true and correct to the best of my knowledge and belief. I agree that any misleading or falsified information, and/or omissions may disqualify me from further consideration for the scholarship program. I further agree to inform The Center for Nature Informed Therapy (CNIT) if there is a significant change in my income. If acceptance to the scholarship program is obtained under this application, I will comply with all rules and regulations of CNIT. I hereby acknowledge that I read the foregoing disclosure and understand it.

Date:_____ Name (Print):_____

Signature:_____