

Adelynrood Scholarship Application

Emilie Hurd, Florence Risley & Virginia Sapp Funds

Keeping the Adelynrood ministry of The Society of the Companions of the Holy Cross accessible

Your application will be directed to the SCHC Scholarship Fund which is best suited to your request.

APPLICANT INFORMATION

NAME: _____ DAY/EVE. TEL. _____

STREET: _____ CITY, STATE, ZIP: _____

CURRENT EMAIL: _____

Your thoughts on how a scholarship to Adelynrood will be meaningful to you are appreciated by our membership for planning purposes and ongoing support for these funds.

Have you ever attended conferences or retreats at Adelynrood before? YES NO

If so when? _____ Did you receive financial assistance? YES NO

What conference, retreat and time-frame are you interested in? (**NOTE: THIS IS NOT YOUR REGISTRATION FORM.**)

EVENT NAME: _____ DATE OF EVENT: _____

I plan to arrive in time for:

Breakfast Lunch Dinner On _____
(circle one) DATE DAY OF WEEK

I plan to depart after:

Breakfast Lunch Dinner On _____
(circle one) DATE DAY OF WEEK

What amount of scholarship are you requesting?

Program fee \$ _____
Room & board \$ _____
Travel \$ _____
Total requested \$ _____

Check all that apply:

Guest SCHC Companion
 SCHC Discerner I am scheduled to volunteer

**This is not your event registration form. Please make your reservations by mail directly to Adelynrood.
Scholarship acceptance does not guarantee admittance to an event.**

How did you hear about these Scholarship funds?

Scholarship Inquiries: Kathryn Ostertag, Assistant Manager ♦ 46 Elm Street, Byfield, MA 01922-2812
Office: 978-462-6721 x19 ♦ Fax: 978-462-1864

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