

Adirondack Arts & Healing Retreat

at the Irondequoit Inn

October 23-25, 2009

Scholarship Form

We are so glad that you are considering participation in the Arts and Healing Retreat for women! Over the past ten years, this program has proven to be a wonderful opportunity for women to get together and share their stories: their lives, their hopes, their fears and their dreams. Each year, more and more women tell us about the wonderful things that have happened for them in this very special place and gathering of kindred spirits.

The fee for the weekend is \$299 per person, which is an all-inclusive fee for the program. Thanks to several generous grants we have received, we also have a number of \$150 scholarships available for those who require financial help, but due to the growing popularity of the program, we're not able to provide these scholarships to every participant. Certainly, we don't want financial considerations to keep anyone from attending, so in fairness to all participants, we ask you to review our criteria in requesting this financial assistance for yourself and/or a support person. In addition, thanks to a generous grant from the Susan G. Komen Breast Cancer Foundation, we have several full scholarships available for breast cancer survivors. If you would like to request a scholarship, please fill out the information below. ***Scholarship requests will be honored on a first-come, first-serve basis until the funds are exhausted.***

We look forward to having you consider this wonder-filled weekend of healing. If you have specific questions you would like to address with a nurse, we are happy to have you talk with one of our staff. Please send this completed form in with your registration if you wish to obtain a scholarship toward your stay. We will notify you prior to your arrival if you qualify.

We look forward to being of further assistance and wish you well!

October 2009 Arts & Healing Retreat Scholarship Form

Please write as clearly as possible! Thank you.

Name of Participant _____

Address _____

Phone Number _____

Email _____

1. The participant would not be financially able to attend without this financial assistance. If this is so, please explain briefly (i.e. unemployed, on assistance or disability, on limited income).

2. The participant is currently challenged by a debilitating illness that is affecting her life and the lives of her loved ones in a major way (i.e. cancer, MS, stroke, heart condition, diabetes, arthritis, severe depression, post traumatic stress, agoraphobia (fear of leaving the home), chronic respiratory disease, fibromyalgia, head injury, and others). She must be under the care of a physician. If this is so, please explain. Use an additional sheet of paper if necessary.

3. *If you require a support person, please answer this section.* A support person must be a female who accompanies someone who would otherwise be unable to attend and participate or who needs help walking or with a wheelchair. More specifically, this means that without this person, the participant could not function because of a severe enough physical dysfunction. Examples would be to assist with activities of daily living such as dressing, bathing, walking, speaking, seeing, and eating. Many women can function, despite being challenged with some or all of the above, but when even one or two impairments would prevent the participant from coming alone, we would encourage bringing and applying for assistance for a support person. If this is so, please explain. Use an additional sheet of paper if necessary.

4. (Optional) The participant is a breast cancer survivor. (We have a pending grant from the Susan G. Komen Breast Cancer Foundation so it is helpful for us to have this information.)
Yes _____ No _____

Please mail to:

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Or email at fran@creativehealingconnections.org