

August 2009 Arts & Reintegration Retreat for Women Veterans  
Registration & Scholarship Form

Workshop: Arts & Reintegration Retreat for Women Veterans  
Faculty: Creative Healing Connections, Inc.  
Location: Wiawaka Holiday House, 3778 Rt. 9L, Lake George, NY 12845  
Dates: August 10-12, 2009  
Fee: \$220

Applicant Information

*Please write as clearly as possible. Thank you.*

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone(H) \_\_\_\_\_ Phone(cell) \_\_\_\_\_ Email \_\_\_\_\_

Scholarships: While funds are available, scholarships are offered in three categories. Please indicate the level of requested support. The participant is responsible for a \$25 registration fee which is part of total fee.

- \_\_\_\_\_ A. 100% (Participant pays \$25 registration fee only)  
\_\_\_\_\_ B. 50% (Participant pays \$110)  
\_\_\_\_\_ C. 25% (Participant pays \$165)  
\_\_\_\_\_ D. 0% (Participant pays \$220)

Please indicate your method of payment below and include your payment with this registration form.

Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ Check \_\_\_\_\_ (made payable to Wiawaka Holiday House)

Please PRINT name as it appears on card \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Billing address if different from above \_\_\_\_\_

\_\_\_\_ Check here if you have any disability that affects your attendance at the retreat so we may better serve you.

Check status of service \_\_\_\_\_ Active Duty \_\_\_\_\_ Veteran

In what branch of the Armed Services did you serve? \_\_\_\_\_

If you took part in armed conflict, when and where were your tours of duty?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The registration fee can be waived under extenuating circumstances. \_\_\_\_\_ Check here for consideration.

The participant would not be able to attend without this financial assistance.

If this is so, please explain briefly (i.e. unemployed, on assistance or disability, on limited income).

**Please Note**

- Wiawaka's campus is drug and alcohol free
- The program is not a substitute for any counseling or treatment in which you may be involved

Please understand submitting an application for a scholarship does not register you for the course. Once your application is received, we will contact you. Applicants will be registered in the order in which their application is received.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or require additional information, please call Christine Dixon at 518-203-3101.

**Please mail or email this completed form to: Christine Dixon, [director@wiawaka.org](mailto:director@wiawaka.org)  
Wiawaka Holiday House, 3778 Route 9L Lake George, NY 12845**