

2nd Annual Arts & Reintegration Retreat for Women Veterans
August 9-11, 2010
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 9-11, 2010
Fee: \$299

Applicant Information

Please print 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. Scholarship funding may have certain restrictions or limitations.

- _____ A. 100% scholarship, participant pays nothing.
_____ B. 50% scholarship, participant pays \$149.50.
_____ C. 25% scholarship, participant pays \$224.25.
_____ D. No scholarship, participant pays \$299.

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 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
Wiawaka Holiday House PO Box 564 Troy, NY 12180**