



**SCHOLARSHIP APPLICATION - 2013**

**FOR STUDENTS PERSUING ADDITIONAL TRAINING OR A CAREER IN  
ALTERNATIVE/COMPLEMENTARY INTEGRATIVE HOLISTIC HEALTH CARE**

**Amount: \$250.00**

This scholarship is open to high school seniors through adult learners, residing in Central Massachusetts, who desire to work in the field of alternative/complementary integrative holistic health.

**82 Healdville Road, Hubbardston, MA 01452**

**[www.gatheringinn.org](http://www.gatheringinn.org)**

**978-820-1139**

**[info@gatheringinn.org](mailto:info@gatheringinn.org)**



## **INSTRUCTIONS FOR GATHERING INN SCHOLARSHIP APPLICATION**

1. Please complete the application form attached.
2. Please include your personal statement that addresses the three areas listed at the end of the application.
3. Please include a written character reference from a non-family member. This reference should address the following topics:
  - How long has the person known you?
  - In what capacity does the person know you?
  - Why do they think you are a good candidate for this scholarship?
  - What are some of the most important things they want us to know about you?
  - Where can they be reached if we have further questions?

**Please send application and attachments to:**

**The Gathering Inn**

**82 Healdville Road**

**Hubbardston, MA 01452**

**Application deadline: May 15, 2013**

**Award date: June 15, 2013**



**ALTERNATIVE/COMPLEMENTARY HEALTH TRAINING  
SCHOLARSHIP APPLICATION**

Please type or print neatly

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone# \_\_\_\_\_ (cell, home, work?) Email \_\_\_\_\_

Home Address \_\_\_\_\_

Occupation \_\_\_\_\_

Career Objective \_\_\_\_\_

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

Current or previous experience/training in the alternative/complementary health field (if any) \_\_\_\_\_

\_\_\_\_\_

Name of college or program you are attending or plan to attend \_\_\_\_\_

\_\_\_\_\_

Name of the high school you attend/attended \_\_\_\_\_

\_\_\_\_\_

Give the name and address of the person (non-family member) who has written a character reference for you.

\_\_\_\_\_

Applicant's Name \_\_\_\_\_

Date \_\_\_\_\_

As part of this application, please submit a personal statement that addresses the following areas:

1. Your interest in the alternative/complementary health field and what type of future you envision for yourself in this field.
2. How you intend to use this scholarship to advance your formal training in this field.
3. Any experiences that you have had participating in the field of alternative/complementary health.

Please attach your statement and your personal reference as separate sheets to this application