Healing Journeys
Application for Financial Assistance

Name: _____

Address: _____

City: _____State: _____ ZIP:_____

Phone: (___) _____ Cell/Work: (___)_____

Email: _____ _____FAX: _____

Preferred method of contact: ☐ email ☐ telephone

Date and title of event you wish to attend: _____

Are you able to do a work exchange? ☐ Yes ☐ No

How much can you afford to pay for this event? $ _____

Please state why you want to attend and why you need financial assistance.

_____

_____

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_____

You can mail, fax, or email your application as follows:

Healing Journeys
Post Office Box 221417
Sacramento, CA 95822
Fax 916- 391-1004
jan@healingjourneys.org

09/06