



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.

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

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