



Scholarship Application

Name _____ Phone _____

Organization _____ Fax _____

Address _____

City _____ State, Zip _____

E mail address _____

Please provide the following information, if you need extra space use an additional sheet.

Organization's total annual budget:

Organization's training budget per person annually:

Organization's Mission Statement:

Organization's goals & objectives:

Briefly describe your program:

What do you hope to gain by attending a PIPE or Emotional Beginnings (EB) Training?