

## **Bursary Guidelines**

1. Candidates must be members in good standing with the Society of Healing Touch Program Alberta.
2. Healing Touch Program Classes Levels 2-6 are eligible for bursaries as well as Healing Touch Program Instructors Training for teaching of HTP Classes 1 – 6.
3. Applications for any intended bursary must be received prior to attendance at the HTP Class. Applications for bursaries prepared and received after the course will not be processed.
4. The application may be submitted by using the on-line form or by printing and filling out the PDF form and emailing it to the address you will find at the end of the application.
5. Acknowledgement of receipt of the application and the approval status of a bursary will be sent by email.
6. Qualified applicants receive a bursary to a maximum of \$100 of the class fees (transportation and lodging excluded) once per calendar year.
7. Each application is treated confidentially.
8. Bursary cheques will be processed only after confirmation of completion of the HTP class has been received. Bursary cheques are prepared in the name of the applicant and sent by mail or by e-transfer.

Bursary Application Forms must be completed in full with the following information:

- a. requested personal and Class information
- b. circumstances which support the need for financial assistance
- c. current involvement in SHTPA and HTP activities.
- d. a brief description of the expectations on how the learned Healing Touch Program skills will be applied in service to the HTP community.

## **The Society of Healing Touch Program Alberta (SHTPA)** **Bursary Application Form - 2018**

### ***Applicant Personal Information:***

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Email: \_\_\_\_\_

Class Information: Name of Class: \_\_\_\_\_

Class cost (travel and lodging expenses excluded): \_\_\_\_\_

First and last date of class: \_\_\_\_\_

Class Location: \_\_\_\_\_

Instructor(s): \_\_\_\_\_

Is the instructor(s) aware of this application?      Yes      No

Does SHTPA have the permission to communicate with the course instructor?      Yes      No

Instructor's email address: \_\_\_\_\_

Current level of completed Healing Touch Program classes: \_\_\_\_\_

I have applied for a bursary with other organizations.      Yes      No

(IF YES) Organization \_\_\_\_\_ Date \_\_\_\_\_

• Other bursary applications to SHTPA?      Date \_\_\_\_\_

## **SHTPA - Bursary Application Form (cont')**

Please enter as much pertinent information as possible.

2. The circumstances which support your need for financial assistance.

3. Your current involvement in Healing Touch Program activities?

4. A brief description of your expectations on how the learned Healing Touch skills will be applied in service to your HTP community

5. All the information I have provided is accurate to the best of my knowledge

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EMAIL COMPLETED FORM TO:** [herbsandwellness@yahoo.ca](mailto:herbsandwellness@yahoo.ca)