

Plant Spirit Medicine Association

PSM Scholarship Request

Name _____
Address _____
Email _____
Phone _____

Application for help with tuition for:

_____ PSMA Conference _____ Advanced Class
_____ Clinical _____ Other class: _____

Location of clinical/class _____

Organizer of clinical/class _____

Organizer's mailing address: _____

*(Note: Scholarship money is available for members of the PSMA.
Scholarship checks are sent to the organizer to remit with other collected funds)*

Please share any comment about the request that you feel appropriate.

What amount are you requesting? (*cannot exceed 50% of tuition cost*) _____

Do you also need help with transportation costs (conference only): Yes No

Signature _____ Date ___ / ___ / _____

Please send this form to:

Jane Wollack, Membership coordinator
Address: 70 Birch Tree Lane, Hendersonville, NC 28792

Or scan and email to: jkwpsma@gmail.com