

Aikido of Santa Cruz

Santa Cruz Aikido Summer Retreat Scholarship Application

Name _____

Address _____

Email & phone _____

Thank you for your interest in the Santa Cruz Aikido Summer Retreat Scholarship program. Please take a few minutes to let us know about your personal Aikido practice and what you hope to achieve by attending the retreat.

Scholarship Request

Why do you need a scholarship? (Please give a brief summary of the circumstances which affect your ability to pay the full fee, e.g. student, single parent, recent loss of income, expense of traveling to the retreat, etc.)

Please make an honest assessment of the amount of assistance that would allow you to pay the full registration fee of \$295:

\$40-80 \$80-120 \$120-160 \$160-200 Full fee

If housing during the retreat were provided, could you pay the \$295 registration fee?

Yes No, but I could pay \$ I have a place to stay

Have you received a scholarship to a previous Santa Cruz Aikido Summer Retreat?

No Yes When? How much?

Training history and retreat goals

Dojo Sensei Aikido Rank

Please describe your training history and involvement in the Aikido community.

How will your experience at the Santa Cruz Aikido Retreat benefit your community?

You will be notified by June 1st of the Scholarship Committee's decision. A letter of recommendation from your sensei would be helpful but is not required. Please use the back of this page and/or attach other pages as necessary to complete your application.

Scholarship applications must be received at Aikido of Santa Cruz by May 15th! Please allow for mailing time.

Mail: Aikido of Santa Cruz:
Retreat Scholarship
306 Mission St
Santa Cruz, CA 95060

Fax: 831-423-6156
email: sretreat@aikidosantacruz.org