



PACIFIC NORTHWEST PRANIC HEALING  
**VIENNA HOWARD**  
**SCHOLARSHIP FUND**

APPLICATION FOR FINANCIAL ASSISTANCE

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

	Date of Class
____ Advanced Pranic Healing (Level 2)	_____
____ Pranic Psychotherapy (Level 3)	_____
____ Pranic Crystal Healing	_____
____ Psychic Self Defense	_____

Reason for applying for financial assistance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Write a brief statement about why you are interested in learning Pranic Healing and in taking this specific class \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applications, Completed Punch Card or Service Documentation (letter from Clinic Leader) should be emailed to: [scholarships@pnwpranichealing.com](mailto:scholarships@pnwpranichealing.com) or mailed to: **Gina Keller / 9625 Duncan Lane / Beaverton, OR 97005**. Class deposit check of \$50 should be sent to the teacher.