The Hearts Center
Pilgrimage Scholarship Request Form
Argentina/Uruguay Conference, Pilgrimage and International Congress

Name ________________________________________________________________
Address ___________________________________________________________________________________________
City ____________________________ State/Province _____ Zip/Postal Code ___________
Country _______________ Phone # ______________ E-mail ________________________
Total Scholarship Amount Requested ______________________________________
How long have you been active within The Hearts Center? __________________________

Approximately how many pilgrimages/events have you attended to date? ______________

Have you received previous scholarship(s) of any kind from The Hearts Center? [ ] Yes [ ] No.
If so, when/what amount?
______________________________________________________________________________
______________________________________________________________________________

How much are you able to pay toward this pilgrimage/event and when?
______________________________________________________________________________
______________________________________________________________________________

Why do you desire to attend this pilgrimage/event and why do you believe should you receive a scholarship?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

If approved for a scholarship, how do you plan to “pay forward” this gift (meaning doing a favor for others rather than paying the favor back) to The Hearts Center or to others within our movement?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Please complete this form, save it as a Word document or a Rich Text File (rtf) by adding your last name to the end of the file name and email it to our team at Argentina@heartscenter.org