

**New Provider Seminar
Financial Aid Application**

LifeSpark has financial aid available to assist those who wish to attend a New Providers Seminar. We have limited funds, so to distribute the financial aid fairly, we ask you to fill out this application. The information provided on the application will be used only for the purpose of determining eligibility and will remain confidential.

Name: _____ Date: _____

Address _____ Home Phone: _____

Occupation: _____ Work Phone: _____

Employed by: _____

E-Mail: _____

Cost of Training Weekend: \$249
(100% refunded in the form of a scholarship for additional training after you complete 20 sessions in the program)

Amount you are able to pay: _____

Why do you need aid? Could you explain your special circumstances?

Any additional information that you would like to share: _____

Please mail this application to:
LifeSpark Cancer Resources, 355 South Teller St, Ste 200, Lakewood, CO 80226
Or email to info@LifeSparkNow.org
Thank you.