



Scholarship Application

Please complete this form and mail it to:

Whole Life Seminars
Westmont College
955 La Paz Road
Santa Barbara, CA 93108

Please fill out one form for every person for whom you are requesting a scholarship.

Applicant Name: _____

Address: _____

Phone Number: _____ **Alternative Phone Number:** _____

Email Address: _____

Applicant Age: _____

Martial Status: (Please circle one) **Single** **Married**

Annual Household Income: (Please Circle One) **[\$0-\$40,000]** **[\$40,000 – \$62,000]**

Does your household receive governmental aide? (i.e. Wel-fare, Medi-Cal, SDI, or SSA)
Yes / No

Are you a member of the Westmont Community? (Please circle one)
Staff Faculty Alumni Parent/Family Member

Thanks you for your interest in Whole Life Seminars at Westmont. You will be contacted regarding whether or not you've been awarded a scholarship. Please contact us if you have any questions. Thank you!