

San Francisco Zen Center Scholarship Application

Please read the document on Financial Assistance and Scholarship Information and Procedures before completing this form, then complete the following in its entirety.

Name:

Date:

Email address:

Phone:

Street address/city/zip:

Occupation:

Are you a SFZC resident? _____

Program you are applying for:

Date of program:

Please check the scholarship you are requesting:

_____ General Scholarship

_____ People of Color Scholarship

Please contribute as much as you are able so we can continue to offer scholarships to as many people as possible.

Low-income cost of program: \$ _____

Amount you are requesting: \$ _____

Amount you can pay: \$ _____

Reason for scholarship: *(please read “Financial Assistance and Scholarship Information and Procedures” before requesting funds.)*

Have you received a Zen Center scholarship in the last 12 months?

Name of your teacher or practice leader, if you have one:

Signature: _____

Please complete this form and return to the email address listed below for the center at which the program you are applying for will be held:

City Center: ccdirector@sfzc.org | Green Gulch Farm: ggfdirector@sfzc.org | Tassajara: rezcoordinator@sfzc.org

If you received this form as a hard copy, please return it to the City Center or Green Gulch Farm office. (For Tassajare, return hard copy to City Center office.) You will hear back within 3-5 days of submitting this form.

Additional Comments

