



## RETREAT SCHOLARSHIP APPLICATION

WEAREBRAVETOGETHER.ORG

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**Name:**

**Address:**

**Email:**

**Cell:**

**Please write a one paragraph testimonial of what being a member of WABT has meant to you, in your journey as a caregiving mom. OR write a paragraph about your need for respite and what you look forward to in attending the retreat.**

**I, \_\_\_\_\_, understand the WABT Retreat Scholarship Application Process and agree to its policies and procedures.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_\_**