

LIGHT

# Scholarship Application

*Making LIGHT more accessible through reduced-fee sessions*

## About the scholarship

The standard fee for a LIGHT session is **\$150**. A limited number of scholarships are available at reduced rates of **\$25, \$50, or \$75 per session**.

Most people begin with five sessions. Following an initial consultation, up to 10 sessions may be recommended for people experiencing chronic illness, longstanding concerns, or significant trauma.

Scholarships are based on honesty and individual circumstances. **We trust you to be honest with us about what you can reasonably afford.** We do not require income statements, tax returns, or other financial documentation. All applications will be kept confidential.

## Your information

Name

Email

Phone number

Please let us know the best way to contact you:

|                                |                               |                                |
|--------------------------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Email | <input type="checkbox"/> Text | <input type="checkbox"/> Phone |
|--------------------------------|-------------------------------|--------------------------------|

## Your circumstances

Please briefly describe your circumstances and why a reduced fee would make LIGHT more accessible to you. Please do not include any information you consider too personal or would prefer not to share.

**Please continue to page 2 and complete the remainder of the application.**

## Scholarship rate

Which scholarship rate can you reasonably afford for the full course of recommended sessions?

- ☐ \$75 per session
- ☐ \$50 per session
- ☐ \$25 per session
- ☐ Any of these rates would be manageable

## Five-session commitment

If five sessions are recommended, can you commit to paying the selected rate for each session, with each session paid separately before it takes place? You will not be asked to pay for all five sessions upfront.

- ☐ Yes
- ☐ No
- ☐ I would like to discuss my circumstances

## Please confirm

- ☐ I understand that completing this application does not guarantee a scholarship and that availability may be limited.
- ☐ I understand that the number of recommended sessions will be discussed during my consultation.
- ☐ I understand that each session must be paid for in advance.
- ☐ I understand that if I do not attend a scheduled session, the payment for that session will be forfeited.
- ☐ I confirm that the information provided in this application is honest and accurate.

## Signature

|              |      |
|--------------|------|
| Signature    | Date |
| Printed name |      |

**Thank you for your interest in LIGHT.**