

Plant Spirit Medicine Association

PSM Scholarship Request

Name _____

Address _____

Email _____

Phone _____

Application for help with tuition for:

_____ PSMA Conference _____ Advanced Class

_____ Clinical _____ Other class: _____

Location of clinical/class _____

Organizer of clinical/class _____

Organizer's mailing address: _____

(Note: Scholarship money is available for members of the PSMA.

Scholarship checks are sent to the organizer to remit with other collected funds) Please

share any comment about the request that you feel appropriate.

What amount are you requesting? *(cannot exceed 50% of tuition cost)* _____

Do you also need help with transportation costs (conference only): Yes No

Signature _____

Date ____ / ____ / ____

Please send this form to:

Cassandra Starks, Membership coordinator

email to: cassandralstarks@gmail.com