



Center for the Divine Feminine
2008-2009 CDF Scholarships

CDF Scholarship Application

Please type or print.

NAME _____ STUDENT ID # _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE # _____

EMAIL ADDRESS _____

Did you apply for 2008-2009 Financial Aid? Yes _____ No _____

Year in College _____ Expected Date of Graduation _____

Specializations _____

Career/Professional Goal: _____

Title of Research Project _____

Start Date _____

Expected Date of Completion _____

Current Phase of Project (proposal, in ethics review, research begun, analysis, writing results/discussion) _____

Program: Inst. Of Transpersonal Psychology (ITP) Residential _____

ITP Global _____

Non-ITP _____

I UNDERSTAND THAT IF I AM SELECTED TO RECEIVE A CENTER FOR THE DIVINE FEMININE SCHOLARSHIP THAT ALL INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO PROVIDE A SUMMARY ABSTRACT OF MY COMPLETED WORK FOR POSTING ON THE CDF WEBSITE AND WILL PROVIDE ADDITIONAL DOCUMENTATION THAT MAY BE REQUESTED BY THE CENTER OF THE DIVINE FEMININE FOR EDUCATIONAL OR MARKETING PURPOSES AS APPROPRIATE AND AVAILABLE.

Applicant Signature

Date