



Shield of Sisters

Retreat Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Retreat date: _____ April 14-17 _____ June 19-23 _____

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Disclaimer and Signature

I understand that my accepting this scholarship requires me to attend the retreat and that I will give a 2 week notice if I cannot attend so that Shield of Sisters can ensure that other participants are given a chance to attend in my place.

I am responsible for cost of travel to retreat; the cost of the retreat and all food/lodging are covered by Shield of Sisters.

Signature: _____ Date: _____