



WABT RETREAT SCHOLARSHIP APPLICATION

WEAREBRAVETOGETHER.ORG

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 mom caring for a child with special health-care needs. OR write a paragraph about your need for respite and what you look forward to in attending this weekend retreat.

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

Signed: _____ Date: _____

Please email this application in by the stated deadline to: hello@wearebravetogether.org