



The Academy of Natural Therapy
 625 8th Ave.
 Greeley, CO 80631

The Sole Scholarship Application

Personal Information

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Enrollment Desired: Morning Afternoon Evening

Birth Date: _____ Marital Status: _____

Spouse's Name: _____

Spouse's Employer: _____ Spouse's Work Phone: () _____

Job Information

Title: _____ Employee ID: _____

Supervisor: _____ Department: _____

Work Location: _____ E-mail Address: _____

Work Phone: () _____ Cell Phone: () _____

Start Date: _____ Salary: \$ _____

Disclaimer: Scholarships are pending acceptance to the Academy of Natural Therapy, and are designated by the Academy committee after the review of the completed application and student transcripts.

 Signature

 Date