Center for Spirituality and Healing
MBSR Scholarships

We welcome your interest in Center for Spirituality and Healing (CSH) scholarships for the Mindfulness Based Stress Reduction Program (MBSR) courses and wish you success as you pursue your personal wellness goals. The MBSR Registration Form is required with this application for scholarship. When you submit this form and all of the required materials, you will be considered for funds for which you meet the eligibility criteria.

Applications are requested at least 4 weeks before the start of the program date for which you are applying. Committee awards scholarships with submission of the following:

Scholarship and grant awards
Scholarship awards may be full or partial and are applicable to tuition and books. Awards are based on strength of the application; eligibility criteria, including financial need; and health care accessibility and needs, scholarships, or employer assistance. Applicants will be notified of the Scholarship Committee’s decision within at least one week before the start of each program.

Eligibility requirements:
• Reside in Minnesota
• Financial need
• Attended an MBSR Demonstration session. Date: ________________
• Able to attend all MBSR sessions including the Day Long Retreat

Review criteria:
Strength of personal statement, extra-curricular activities or community involvement, professional and personal development, financial need, and/or special circumstances, will be weighed in selecting scholarship recipients by the scholarship committee or designee depending on the number of applicants per program.

Expectations of recipients:
• Remain in good standing with the program attending all sessions and participate in home assignments; using this program to promote progress toward life goals.
• Participate in program evaluations for assessing the program and outcomes
• Submit a letter thanking scholarship donors and consider sharing your story to promote the Center for Spirituality and Healing MBSR program and scholarship.

Submit application materials to:
University of Minnesota, Center for Spirituality and Healing
Scholarship Committee, c/o Beth Somerville
420 Delaware St. S.E., MMC 505 RM C592
Minneapolis, MN 55455; Fax 612-625-8164
For more information: Please Contact CSH Outreach Office, 612-626-2395, www.csh.umn.edu
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Applicant Information

Name                                                                        Student ID (If applicable)
Street Address
City State ZIP
Daytime Telephone                                                  E-mail
Date of Birth                                                            Gender
Predominant Ethnic Background (Optional)
African-American (non-Hispanic origin) Chicano or Mexican-American American
Indian/Alaskan native
Hispanic Asian or Pacific Islander White, non-Hispanic, Multi-ethnic (please list)
1_________________________, 2__________________________,
3________________________

Marital Status: (Circle) Single Divorced Widowed Married Separated

Household Size (Include yourself, your spouse, children who receive more than half
financial support from you, and other persons who live with you and receive more than
half financial support from you.) ___________

Number and ages of dependent children________________________

Household MONTHLY Gross Taxable Income (before any deductions for taxes,
social security, etc.) Include income from employment, unemployment benefits, interest,
dividends, and other sources. Include spouse's income, if any.

Student $___________________ Spouse $___________________

Household MONTHLY, Untaxed Income. Include income from child support, social
security, MFIP, general assistance, and all other sources. Also include spouse's
untaxed income, if any.

Student $___________________ Spouse $___________________

Sources of income_______________________________________________________________

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Employment level: (Circle) full-time       75% time         50% time        unemployed

What is your household monthly special expenses (medical/dental expenses not covered by insurance, child care while working, health and dental insurance premiums not paid by employer, child support paid to children not living in the household, repayment of educational loans). Please list type and amount of each monthly expense.

_______________________________________________  
_______________________________________________
_______________________________________________

Are you currently living with your parents or other family members? No Yes, amount paid for room and board, if any is $______________

Do your parents or other family members contribute to your financial support? No Yes, amount received each month is $______________

2012-13 Scholarship Application request for MBSR Program beginning:

First Choice ______________ Second Choice ______________ Third Choice ______________

Have you been awarded any other scholarships, grants, or other financial assistance for the 2012-13 academic year? No Yes

If yes, type of assistance and amounts:

____________________________________________________________________

Certification

I certify that the information contained within this application, including attached materials, is correct to the best of my knowledge. I understand that misrepresentation or fraudulent information may be grounds for loss of scholarship and grant funds and repayment. I understand that if I am a recipient of a scholarship or grant, I must successfully complete the program(s) covered by the award. I agree to write a thank you letter to the donor of my scholarship.

Applicant’s signature_______________________________ Date________________

☐ Yes, I permit the Center for Spirituality and Healing to announce my receipt of a scholarship in the college publications, donor events, and programs.

☐ No, please do not release my name for publication.

Applicants’ signature_______________________________ Date________________

□  
Required Application Materials:

Check box to confirm attached or completed.
Personal Statement (not to exceed 500 words) describing:

☐ Previous experience in mindfulness, meditation or yoga education

☐ How will your MBSR course work fit into your life at this time to assure successful completion of program and home assignments and program (most important is being able to practice for 45 minutes a day for two months, other home assignments are not essential if health prohibits the time it takes to complete this part of the program.)

☐ How will this scholarship help you reach your life goals

☐ Extracurricular activities or community involvement, including descriptions of leadership held, distinctions or recognitions you have earned, unpaid volunteer work and/or other service, professional and work history

☐ Explain any special circumstances that you would like the committee to consider (optional)

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