

## Light Foundation Scholarship Fund, Inc.

Please hand write your responses to the application, and submit to the address given on the bottom of this form. Use extra paper where necessary.

Name \_\_\_\_\_ Age \_\_\_\_ Sex M \_\_\_\_ F \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_

Have you had a chart reading with Albert Gauden? \_\_\_\_\_ When? \_\_\_\_\_

### Employment History

Most recent employer: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Salary \_\_\_\_\_

Supervisor \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

### Personal History

Please answer the following questions in detail on a separate sheet of paper. For questions 1 through 3 a full page description is required.

- 1) Are you an alcoholic? Have you ever been to treatment? If so, discuss.
- 2) Do you have problems with drug abuse prescribed or otherwise? Are you currently using recreational drugs or pharmaceuticals? If so, explain.
- 3) Why do you need scholarship assistance? Please explain in detail the emotional, psychological and/or spiritual reasons you need help at this time in your life.

**Financial Information**

There are no full scholarships awarded. In order to qualify for a scholarship, you must pay some portion, no matter how small. Please explain your current financial situation in some detail and how much of the \$8000 fee you can afford.

**References**

Please list three people who can vouch for your circumstances of scholarship need.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Relationship to this person? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Relationship to this person? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Relationship to this person? \_\_\_\_\_  
How long have you known this person? \_\_\_\_\_

**Submit your application to:**

**Light Foundation Scholarship Fund, Inc.  
Post Office Box 50  
Sedona, Arizona 86339**