

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.

When answering question 4, a quarter to half page is required. Please explain in detail.

- 4) There are no full scholarships awarded. In order to qualify for a scholarship, you must pay some portion, no matter how small. How much can you afford of the \$8,000.00 fee?

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**