**Plant Spirit Talk:**

**Peruvian Amazon Immersive Journey**

**Scholarship Application**

**Application Due Date: August 1, 2018**

Questions? Send an email to studentservices@ohlonecenter.org

**Information**

**General**

1. DEADLINE for scholarship applications is **Wednesday, August 1, 2018 at 5:00 PM**. There are **NO EXCEPTIONS.**
2. Refer to the application process below for a list of the supporting documents required. Incomplete applications will not be considered.
3. If any question does not apply to you in this application, please put N/A in the space.
4. Type or print legibly. Illegible applications will be considered incomplete.
5. You will be notified by phone or mail by (August 15, 2018) regarding the status of your application.
6. If you have questions about the application, send an email tostudentservices@ohlonecenter.org

**Purpose**

The Plant Spirit Talk scholarship is intended to provide access to eligible students to participate in an immersive plant medicine journey to the Peruvian Amazon from November 11th - 21st, 2018 at Tambo Illusion, a Wellness Retreat Center located in a nature reserve in the Tarapoto area of San Martin, Peru. Students will participate in a lush program of learning about the medicinal plants from the Amazon, their cultivation, collection, and preparation for treatments and ceremonies hosted by Selva, a Peruvian multi-generational healer, teacher, and shaman, along with her teacher, Shipibo-Conibo grandmother Amalia, and their team of curanderas.

Through this journey students will immerse in:

* Integration of daily healing and cleansing rituals with medicinal and shamanic herbs
* Exploration of the deep capacities within themselves to learn and develop lasting relationship with plant teachers with a Shamanic Master Plant Diet
* Learning the many traditional folk ways, flowers, and plants that are worked with for treatments with the guidance and support from local medicine women
* Receiving wisdom and healing transmissions from Shipibo Conibo tribe grandmothers during an individual 1:1 session (with translator)
* Exploration of Andean Amazonian Cosmovision from a local perspective
* Engagement in an earth offering ceremony of Despacho
* Learning about Elemental Therapies, Auric cleanses, Shamanic massage, and Flower baths

**Financial Assistance**

Financial assistance is based on financial need, commitment to community service, and enrollment in the Plant Spirit Talk course. Scholarships may be awarded provided availability of funds.

**Scholarship Awards**

Scholarships are awarded based on a comprehensive, competitive process. Areas that are reviewed by the committee include but are not limited to the following: professional goals, commitment to community service, and financial need. Scholarship funds are directly applied to tuition costs for the Plant Spirit Talk: Peruvian Amazon Immersive Journey. Scholarships are awarded without regard to race, color, ethnicity, gender, ability/disability, or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria.

**Criteria**

* Applicants must be currently enrolled in the Plant Spirit Talk course. If scholarship money is awarded, this is the only program that will receive the funds on behalf of the applicant.
* Applicants must demonstrate a need for financial assistance and household income of up to 200% of the federal poverty level (FPL). For current FPL guidelines, review the OHC Scholarship page at http://www.ohlonecenter.org/scholarship-application
* Preference may be given to applicants who have participated in OHC programs, or who provide evidence of service to their community.
* Applicants must complete and submit a scholarship application by **Wednesday, August 1, 2018 at 5:00 PM**.
* Relatives of OHC board members, members of the selection committee, or major donors are not eligible for OHC scholarships.

**Timeline**

* Applications are due by **Wednesday, August 1, 2018 at 5:00 PM**
* Applicants are notified if awarded a scholarship by **August 15, 2018**

**Application Process**

**Scholarship Applicants Must Provide:**

* Completed application form. All documents must be provided together, in one email or packet
* Demonstrated financial need

**The following items must be included in this application in order for the application to qualify for review by the scholarship committee. Incomplete and late applications will not be accepted.**

* Answers to application questions 1–8
* Signed application form
* Evidence of financial need (tax returns or other documents approved by the OHC director). Minors must include parent/guardian’s tax returns OR their own tax returns and proof of Emancipated Minor status.

**Please email application (preferred) to:**

OHC Scholarship Program

[studentservices@ohlonecenter.org](mailto:studentservices@ohlonecenter.org)

Use subject line: Plant Spirit Talk Scholarship Application

**or mail application to:**

Ohlone Herbal Center

1250 Addison St., Suite 113

Berkeley, Ca 94702

**Application**

**Application must be filled out by applicant.**

Please **type** or **print** your answers. If application is illegible, it will be returned to you.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Last Name: | | First Name: | | | | |
| 2 | Mailing Address  Street: City: State: ZIP Code: | | | | | | |
| 3 | Telephone Number:  Email Address: | | | | | | |
| 4 | Describe current school or employment: | | | | | | |
| 5 | I will be attending the following OHC program: | | | | | | |
| 6 | **Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  Minors: Evidence of emancipated minor status or name and address of parent(s) or legal guardian(s):  Street: City: State: ZIP Code:  Home phone of parents or legal guardians: | | | | | | |
| 7 | List the name of other schools you have attended | | Year Began | | Year Ended | Year Graduated | Degree or Certificate Received |
| A. |  |  | |  |  |  |
| B. |  |  | |  |  |  |
| C. |  |  | |  |  |  |
| D. |  |  | |  |  |  |
| 8 | List other financial assistance you will receive | | | | | | |
| A. | Personal | | Amount: $ | | | |
| B. | Other Scholarship(s) | | Amount: $ | | | |
| C. | Grants | | Amount: $ | | | |
| D. | Loan(s) | | Amount: $ | | | |
| E. | Other Financial Resources | | Amount: $ | | | |

### Statement of Accuracy

I affirm that the above stated information provided by me is true, correct, and without forgery.

I understand that OHC scholarship funds are very limited. Completion of this application indicates a genuine need for tuition assistance not available to me through other means.

I understand that the OHC scholarships do not cover full tuition expenses, and I am responsible for the balance.

I understand that if chosen as a scholarship winner, according to OHC policy, I must enroll in a qualifying OHC program, and pay the balance of my tuition before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Application Checklist**

Please indicate the following items are included by checking them off the list. All items must be included in your application packet for the application to qualify for review by the scholarship committee.

Answers to application questions 1–8

Signed application form

Evidence of financial need (tax returns or other documents approved by the OHC director). Minors must include parent/guardian’s tax returns OR their own tax returns and proof of Emancipated Minor status.