HEALING TOUCH NEW ZEALAND

Scholarship Application Form



This scholarship application form is for Unit 3: Advanced Healer Preparation.

Note: You must be a <u>current financial member of HTNZ Inc and have paid your deposit of \$100.00</u> at the time of your scholarship application being submitted, for your application to be considered.

This is a partial fees scholarship. The remaining difference is paid for by the student. Only once full payment has been received is the student's place on the course confirmed.

APPLICATION INSTRUCTIONS

- Please write a cover letter to address the Scholarship criteria below for Unit 3
- Submit your cover letter along with a copy of your current curriculum vitae
 no later than 6 weeks prior to course start date to the Chair of the HTNZ Inc Committee via
 email to chair@healingtouch.nz.com.
- You are eligible to re-apply for scholarships, regardless of whether you have been awarded a scholarship previously or not

SCHOLARSHIP CRITERIA

1. Are you a current financial member of HTNZ Inc at the time of your scholarship application
being submitted? □ Yes □ No
2. Have you paid your deposit of \$100.00? ☐ Yes ☐ No
3. Have you maintained your annual HTNZ Inc membership throughout your courses of study e.g. over subsequent years whilst undertaking the Healing Touch Units? \Box Yes \Box No
4. Are you a current member of Healing Beyond Borders? $\ \square$ Yes $\ \square$ No
5. Have you received a Healing Touch NZ scholarship before? $\ \square$ Yes $\ \square$ No
COMMITTMENT TO HEALING TOUCH, COURSE OF STUDY & PRACTICE
1. Are you committed to successfully completing the units of study within the Healing Touch programme and do you have an intention/vision for your future with regards to Healing Touch? E.g. Setting up a Clinic or practice?
Please provide your response in your cover letter.
2. Have you assisted with Healing Touch courses or Healing Touch events?
☐ Yes ☐ No If yes, what courses and what events?

3. Have you hosted, assisted, and/or attended Healing Touch practices?
\square Yes \square No If yes, please provide details.
4. Do you intend to qualify as a Healing Touch NZ Practitioner at the earliest opportunity?
□ Yes □ No If yes, when?
5. Do you intend to apply to Healing Beyond Borders for US Certification at the earliest opportunity?
☐ Yes ☐ No If yes, when?
COMMUNITY ENGAGEMENT AND CONTRIBUTION
1. Have you actively and regularly engaged with the Healing Touch community?
☐ Yes ☐ No If Yes, how?
2. Have you volunteered in a role/s to assist the development of Healing Touch NZ as an organisation? e.g. Secretary, Course Coordinator, Conference Coordinator etc.
\square Yes \square No If yes, what role/s and duration?
3. Have you initiated or contributed to Healing Touch promotional initiatives within your community? \Box Yes \Box No If yes, what initiatives? What were the outcomes?
4. Have you fostered relationships and networks within the community to provide opportunities for awareness/access/acceptance of Healing Touch?
\square Yes \square No If yes, please explain including outcomes.

SUBMISSION REQUIREMENTS

- Cover letter addressing the above criteria
- Current curriculum vitae
- Submit to: chair@healingtouchnz.com
- Submit no later than 6 weeks prior to course start date

Applications are considered by a committee/advisory group, and all applicants will be informed of their application no later than 5 weeks prior to course start date.