



# Shield of Sisters

## Retreat Scholarship Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Retreat date: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Disclaimer and Signature

*I understand that my accepting this scholarship requires me to attend the retreat and that I will give a 2 week notice if I cannot attend so that Shield of Sisters can ensure that other participants are given a chance to attend in my place.*

*I am responsible for cost of travel to retreat; the cost of the retreat and all food/lodging are covered by Shield of Sisters.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_