

Scholarship Application

Thank you for your interest in participating in the Hoffman Process.

Applications are considered on a first-come, first-served basis, and funds are limited for each Process. Please apply as soon as possible and indicate which Process dates will work best for your schedule.

Application Instructions:

- Please read the Scholarship Frequently Asked Questions before beginning: https://gateway.hoffmaninstitute.org/scholarship-faq/
- Please read The Path to Personal Freedom and Love booklet before proceeding: https://www.hoffmaninstitute.org/ppfl
- Complete this entire application thoroughly and thoughtfully (unclear or incomplete submissions will delay scholarship determination).
- Provide a complete copy of your most recent tax return. This is required in order to review your application.
- At the bottom of this form, attach your tax return (including Schedule C or equivalent, if self-employed) to us at this secure portal: https://gateway.hoffmaninstitute.org/scholarship/.

If you prefer, you can send the application and a copy of your tax return via Fax: 415-485-5539 or Mail (with tracking #): Hoffman Institute, 1299 4th St, Suite 600, San Rafael, CA 94901. Remember we must receive them at least two weeks prior to your selected Process date. **DO NOT send these documents by email. It is NOT a secure way to send confidential and private information.**

Process Date						
Name						
Address						
Phone	Phone Type					
Email	Age					
Marital Status	Gender					
How many of the following (in	cluding yourself) are living in your household?					
Dependent Children	Adults					
Are you currently employed?	Yes No					
If employed, or self-employed, please list your Occupation/Profession:						
Please list your previous Occupation/Profession:						
Optional: I identify my ethnici	ty as: (Select all that apply)					
American Indian/Alaska Nativ Asian Black Hispanic/Latino/Latina Middle Eastern	Native Hawaiian/Pacific Islander White Prefer not to say Other					
Have you ever served in the U States Military?	nited Yes No					

1. Please describe your primary motive results/changes you would like to see in			to attend	the Hoffm	an Process,	including	the specific
2. What does the Negative Love Syndrom you in your life today?	e mean to	you? Can	you identi	fy any spec	ific examples	s of how it	shows up for
3. Please list any members of your fam relationship to them?	ily and/or	your cor	mmunity w	ho have co	mpleted the	Process. \	What is your
4. How will your taking the Process affect	the people	in your fa	amily and co	ommunity?			
Financial Information Worksheet							
1. How much did you (and your partner earn from all income sources last year:							
2. Gross total annual income after taxe (if partnered, joint income):	s \$						
3. What do you currently have in (if none, $% \left(1\right) =\left(1\right) \left($	enter a zer	ю):					
Savings Account:	\$						
Retirement Account:	\$						
Stocks, bonds, and other assets:	\$						
Other Income (friends/family support/trusts):	\$						
What is your Total Debt (excluding mortgage):	\$						
5. Please estimate your monthly living exp	enses (if n	one, ente	r a zero):				
Rent or Mortgage:	\$						
Food:	\$						

Utilities:	\$		
Transportation:	\$		
Child/Family Support:	\$		
Professional Education:	\$		
Therapy/Counseling:	\$		
Monthly Debt Payments:	\$		
Total Monthly Living Expenses:	\$		
6. If your monthly expenses exceed yo	ur income, how do you meet	your expenses?	
7. Please describe any circumstance committee in determining your eligible. 8. How will you pay the balance of you	oility for a scholarship:	financial setbacks) that will assist	the scholarship
Once you have completed this form, attach described on the first page.	your most recent tax return and	submit all documents to Hoffman using on	e of the methods
For more information or assistance, please	call us at 800-506-5253 or 415-4	85-5220.	