

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.**

Some of these courses may be sold out and we do not guarantee you can register for the date you prefer. Refer to the website for more information about availability.

Process Date	
Name	
Address	
Phone	Phone Type
Email	Age
Marital Status	Gender
How many of the following (including you	
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 ethnicity as: (Sele	ect all that apply)
American Indian/Alaska Native	Native Hawaiian/Pacific Islander
Asian Black	☐ White ☐ Profes not to say
Hispanic/Latino/Latina	☐ Prefer not to say ☐ Other
Middle Eastern	Other
Have you ever served in the United States Military?	Yes No

results/changes you would like to see		ttend the norman Proce	ess, including the specific
2. What does the Negative Love Syndron you in your life today?	me mean to you? Can you	identify any specific exam	ples of how it shows up for
3. Please list any members of your far relationship to them?	mily and/or your commur	ity who have completed	the Process. What is you
4. How will your taking the Process affect	t the people in your family	and community?	
Financial Information Worksheet			
1. How much did you (and your partne earn from all income sources last year			
2. Gross total annual income after tax (if partnered, joint income):	ses \$		
3. What do you currently have in (if none	, enter a zero):		
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 ex	penses (if none, enter a ze	ro):	
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	6. If your monthly expenses exceed your 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 or	ne of the methods			
For more information or assistance, please	call us at 800-506-5253 or 415-4	85-5220.				