



Nourish My Soul

nourishmysoulretreats.org
507 Park Hill Ln
Newton Square, PA 19073

442.207.8531

Grant Application for Soul Retreat Recipient

Please read the following criteria before completing the following request form. Financial assistance for individuals will usually range between \$2000 and \$4000. Nourish My Soul's funding decisions are based on several factors, including: urgency, financial need, eligibility and available funding.

Eligibility Guidelines

Applicant(s)/Nominee(s) must:

Live within the limits of the United States.

Must have an income less than the US Median currently.

If approved, the Applicant/Nominee must agree to provide updates to Nourish My Soul, sign an appearance waiver for media transparency.

The recipient must:

Be aware of the circumstances affecting the community and the Applicant/Nominee's financial need.

Provide Nourish My Soul with a written essay of unmet needs at Nourish My Soul's request.

Provide copies of bank statements, tax returns, pay stubs, or debt records to document the financial need for this Applicant/Nominee to **Nourish My Soul upon request**.

Accept payment from Nourish My Soul Directors/volunteers within but no later than 90 days of offering.

Nourish My Soul is not able to help if any of the following apply:

The Applicant/Nominee's needs for relief are related to disorder or disability that prohibits them from living life healthily, despite efforts to do so.

The provider's services can be financed through insurance, a county or state agency or the like.

When household income exceeds double the US Median for your/their state.

Nourish My Soul funding resources have been depleted.

All submissions will be reviewed by Nourish My Soul and must be approved by Board Members to receive benefit. You will be contacted within 2 weeks of receipt of application.

BOARD:

APPROVED:
NMSRA 6.1.22

| PG 1

AMOUNT:

DATE PAID:



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APPLICATION FOR SCHOLARSHIP

Please complete all fields to be considered.

Contact (first & last name):

EMAIL ADDRESS:

Relationship to Applicant/Nominee:

NAME OF APPLICANT OR NOMINEE:

Residential Address:

City, State, Zip:

Mailing Address (if different):

City, State, Zip:

The Applicant/Nominee must reside within the United States. Proof of residency must be verifiable.

Contact Phone:

Contact Email:

Have you ever received funds from Nourish My Soul? Yes No

If so, when?

How did you hear about us?

Recipient LEGAL first & last name:

Recipient social media:

Age of Applicant/Nominee/ date of birth:

Age of children:

BOARD:

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Describe the financial hardship. Include a description of the existing or current support, if any, how long these treatments, services and/or conditions have been provided:

Describe the reason Applicant/Nominee would enjoy a Wellness Retreat - SOUL RETREAT - and the benefit you believe would be gained:

Indicate the specific service needed:

- _____wellness expert
- _____yoga guidance
- _____manifestation coaching,
- _____trauma resolution,
- _____energy healing
- _____time away from routine.

And if there is an urgency for the service.

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1. What is the estimated total cost of support needed? \$
2. How much are you able to contribute? \$
3. Have you applied for relief through your insurance or other nonprofit? Yes No
Date:
Result of financing request: Approved Declined
4. How much have you received from other funding sources? \$

Briefly describe your personal current financial hardship.

Do you agree to volunteer at least five (5) but no more than required hours of your time to Nourish My Soul toward a future need once your crisis has resolved? _____ INITIAL

Incomplete applications will not be considered.

Once completed please email: INFO@NourishMySoulretreats.org

I, THE APPLICANT/NOMINATOR, agree to volunteer for the Nourish My Soul's special events and fundraisers. I declare, under penalty of perjury, that the foregoing is true and correct to the best of my knowledge.

SIGNATURE:

DATED:

NAME (PRINTED)

email/@handle

RELATIONSHIP TO ANIMAL

AMOUNT I WILL CONTRIBUTE:

BOARD:

APPROVED:

NMSRA 6.1.22

| PG 4

AMOUNT:

DATE PAID: