

Tuition Discount Application

H₂O Holistic Health Options
The Four Corners Reiki Project
Laurie Gambacorta / 970-375-7794

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Date of Class You Wish to Attend: _____

Please Circle the Level of the Class You Wish To Attend:

Reiki Level One - \$125.00

Reiki Level Two - \$250.00

Reiki Level Three - \$750.00

Amount of Assistance Requested: \$ _____

Are you currently receiving food assistance? Yes No

If yes, please provide a copy of your eligibility determination

Employment & Self Employment Income:

Name of Person in Household	Employer's Name, Address & Phone	Gross Monthly Income (average for at least the last two months)

Other Household Income:

Name of Person Receiving Income	Type of Income	Gross Monthly Amount (average for at least the last two months)
	Unemployment Benefits	
	Social Security Benefits	
	Retirement/Pension	
	Worker's Compensation	
	Supplemental Security Income (SSI)	
	Alimony	
	Child Support	
	Other Income (please describe)	

Expenses:

Type of Expense	Amount Paid (average for at least the last two months)	How Often
Rent / Mortgage		
Utilities		
Phone		
Other Expense (please describe)		

Please attach 1000 words or less description of your intention/desire to work with Reiki healing energy.

Would you be willing to donate your time as a Reiki Practitioner to the Four Corners Reiki Project? Yes No

Signature: _____