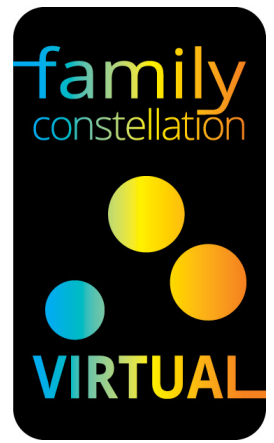


# Application for Scholarship



I hereby apply to take part in the Bert Hellinger Memorial Scholarship Fund to help me with paying the complete training fee.

I want to start with the complete training on: January / July 20\_\_\_\_  
and wish to get a fund of NZD \_\_\_\_\_.

Name \_\_\_\_\_ Time Zone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Date of birth \_\_\_\_\_ Gender F/M/N

physical/mental health and fitness:  very good  ok  restricted

If restricted, please specify: \_\_\_\_\_

Tell us about your education/professional life\* (include certificates):

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Tell us about your experience with family constellations and why you want to do the family constellation VIRTUAL complete training\*:

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Tell us about your community/volunteer engagements\*:

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What is your financial situation (please add proof)\*:

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3 reference letters are attached

\* continue on an extra sheet if you need more space. Please type or use block letters. Only applications that are complete and clearly readable will be accepted.

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Name (*in block letters*)

Date

Signature