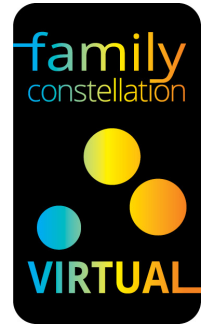
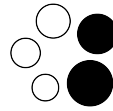


Application for Scholarship



I hereby apply to take part in the Bert Hellinger Memorial Scholarship Fund to help me with paying the fee for the FCV ACADEMY Complete Training.

I want to start with the complete training on: _____

and wish to get a fund of USD _____.

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):

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

Tell us about your community/volunteer engagements*:

What is your financial situation (add proof with official government documents, i.e. tax return)*:

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.

Name (*in block letters*)

Date

Signature