

Springwater Center

7179 Mill St.
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for meditative inquiry and retreats

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Retreat Assistance Application

Name _____ Date _____

Mailing Address _____

City/State/Zip _____ Country _____

Daytime phone _____ Evening phone _____

Email _____

Annual Income _____

Occupation _____ No. of Dependents _____

Retreat for which you are seeking assistance _____

Normally the Retreat Assistance Fund does not provide more than half the retreat fee.
Please indicate the amount you are able to pay for the retreat yourself \$ _____

The retreat assistance fund is sustained through donations and is a limited resource. It is intended to help those who would otherwise find it a financial hardship to pay the full rate for retreat. Please indicate in the space provided the circumstances that necessitate your request for assistance. We may need to contact you for further clarification, but will otherwise notify you of the amount of support the fund will provide.