

Cloud Mountain Work-Exchange Scholarship Request

When you have completed this form, please mail it to Cloud Mountain Retreat Center, 373 Agren Rd., Castle Rock, WA 98611, or fax it to 360-274-9119. Please also submit your completed registration form and 50% of the full retreat fee (or, in the case of a retreat longer than 12 days, the appropriate deposit amount).

Please respond to the following questions and briefly state the reason why it would be a financial hardship for you to attend this retreat without this financial assistance. Please answer all questions completely. You may use the back of the page as well. Applications without sufficient information will not be considered.

What is your monthly income? What are your approximate monthly expenses? Are you currently employed? Are you a homeowner? Describe your household (e.g., spouse/partner, housemates, etc.)?

(Please note: some level of personal financial contribution is asked of each individual. If you are receiving scholarship assistance from other sources, the financial aid we offer may be adjusted to accommodate for this.

The work-exchange scholarship is an important part of the functioning of Cloud Mountain Retreat Center. It is a way we can help support community members going through challenging financial times, and it is an integrated and necessary part of the functioning of each retreat. You will be asked to sign and date below that you have read, understand and agree to help and be available to help as stated in the agreement.

Because the work-exchange is an important component of each retreat we are asking you to initial each item of the following list of conditions and agreements, then to date and sign at the bottom. These tasks are a vital piece of service to the retreat participants, and we'd like them to be offered with a generous heart and enthusiastic spirit. We are asking you to initial each of the following points so that we are sure you fully understand what is expected and needed at each stage of the retreat service process.

1. I understand that I need to be at the training/orientation given by the Kitchen Manager at 6:00pm, and I agree to arrive at the retreat center in time to be present at the 6:00 training. (Remember that traffic is often heavy on Friday evenings and may require additional driving time.) Initial here:_____.
2. I agree to check-in with the Retreat Manager or Kitchen Manager again at 6:45pm on Friday evening the first night to see if my help is needed for the evening chores. Initial here:_____.
3. I agree to stay through the final clean-up on the last day of the retreat, and before leaving check with the Kitchen Manager to see if I can be of any further assistance before I leave the center. Initial here:_____

In signing this form I understand and agree to make every reasonable effort to fulfill the conditions and responsibilities as stated above. I also understand that if I do not fulfill these conditions and responsibilities, I may not be eligible for future scholarship help from Friends of Cloud Mountain.

Signature _____

Date _____

Name (printed) _____

Retreat _____

Phone _____

Email _____