

NCB School of Herbalism & Holistic Health



Scholarship Application Form

Applications must be typed or computer generated

(You can use a separate piece of paper)

We recognize the importance of accessibility to herbal medicine training and the need for financial assistance for some people who do not have the full resources for tuition, but who are clearly on an herbal path. Therefore we work at matching the schools mission with those who are serious about the art. Our staff diligently takes that passion for herbalism and pairs it to those who fulfill our criteria & who are willing to make a commitment to the process & the program. Applicants considered for scholarships should expect the following: 1) turn in application, 2) skype or in person interview, 3) \$200 nonrefundable deposit due 2 weeks after acceptance into the program –fee is applied toward program

Personal Information:

1. Your Name: (last) _____ (first) _____ (middle) _____
2. Your Address: _____
3. City: _____ State: _____ Zip Code: _____ Cell Phone: _____
4. Telephone: _____ Age: _____ Birthdate: _____
5. Email: _____

Academic Information: List colleges or university you have attended or are attending.

Name of College/University Location Dates Attended Your Current Major:

Your current year?

Freshman sophomore junior other – Explain _____

Academic Performance: Grade Point Average: _____

Please explain your financial need for this scholarship: _____

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Do you feel that you can commit to the class schedule, lessons & assignments?

Please describe any hesitations or uncertainties you may have regarding this program:

Tell me about your interest in herbs. What draws you to study them? Do you have much experience using or studying herbs? With whom have you studied? What conferences have you attended? What are some of your favorite herbal books or websites?

Do you have the financial stability required to commit to paying the balance of your tuition in a timely manner? _____, please explain if you answered no.

Do you have the time in your schedule to commit to weekly study, including completing homework assignments, readings, and herbal medicine-making projects etc. We estimate this should amount to 5-7 hours each week.

Please describe any hesitations or uncertainties you may have regarding time commitments?

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There are many different styles of learning - tell us a little bit about your preferred methods. This program includes tele lectures, hands-on work, group activities, book assignments, self-directed study and online forum please review the curriculum for more detail. Which of these learning methods do you find easier, and which are more challenging for you?

Do you have additional adequate resources for acquiring course materials - e.g., books from the recommended reading list, herbs and medicine-making ingredients & tools, etc?

Please describe any hesitations or uncertainties you may have regarding finances.

Vision: Explain how you see herbalism growing in America & how you will integrate it into your life?

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Please list any community organizations or service projects you are participated in or you have been a part of in the past 3 years?

Recommendations: Two letters of recommendation are required from someone who knows you are interested in this line of study. These letters must be come emailed or snail mailed directly from the reference you are using. All references should include the following information:

- Name /address /telephone/ email
- How long they have known applicant
- How did they find out applicant was interested in herbs, nutrition, natural health etc?

Career and Interest Summary from Applicant: Write an essay two typed pages summarizing your short- and long-term career goals, special interests, contributions, projects in plants, herbs, gardening, holistic or alternative health and related areas. Why do you feel that you deserve this scholarship & what will you do when you finish your certification?

Deadline for Submission: 1st of each month (decisions will be made after staff review – notifications will be emailed/mailed prior 60 days prior to the requested date of enrollment). It is imperative that you submit any scholarship request months in advance as we only have a limited amount per enrollment period

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Mail to: NCB School of Herbalism & Holistic Health / attn.: Scholarships /226 Downer Drive/
Clarksville TN 37042

Scholarship Requirements:

- If you are chosen to receive a partial scholarship towards our Certification Program – you will be required to submit a non – refundable deposit of \$150.00 (do not submit the \$85.00 fee indicated on the enrollment form). We expect to reach our capacity for student enrollment, so it is wise to submit the required documents along with your payment as soon as possible.
- Scholarship recipients must have the completed remaining tuition paid within 18 months of beginning the program.
- Enrollment in any of our program constitutes a commitment to pay the entire tuition. All students will be required to sign a student contract.

Note: All students are required to attend our 3-day spring retreat

- The cost of this retreat is not covered in the scholarship.
- The cost is **\$595.00** for scholarship students only which covers your lodging, breakfast & some class materials. Lunch & Dinner Meals, transportation & other supplies are not included. Lunch & Dinner meal plans can be added to your package for an additional fee. More information will be provided to students 6 months in advance of this spring gathering

If any of our activities pose a problem for you, please let us know your concerns.

Statement of Accuracy: I hereby affirm that all the above stated information provided by me to NCB –School of Herbalism & Holistic Nutrition Scholarship Program is true, correct and without forgery. I also consent to allow NCB to use my pictures, quotes or work submitted for any purpose regarding the school in order to promote NCB School of Herbalism & Holistic Health. I hereby understand that if chosen as a scholarship recipient I commit to following all the rules and regulations of the program.

I acknowledge that failure to meet any of the criteria, standards and terms established by this organization will result in a default on my scholarship and thus you will have to forfeit any monies paid to the NCB School.

Please Print Name: _____ Date: _____

Signature: _____ Date: _____