

MARPA HOUSE RETREAT FUND SCHEME

APPLICATION FORM

PLEASE COMPLETE AND RETURN THIS FORM TO:

trustees@marpahouse.org.uk

OR POST IT TO Marpa House, Rectory Lane, Ashdon, Essex, CB10 2HN

NAME	
ADDRESS	
TELEPHONE NUMBER(S)	
EMAIL ADDRESS	
EMERGENCY CONTACT / NEXT OF KIN (please provide phone number and email where possible)	

Have you undertaken a personal retreat at Marpa House before (whether a full retreat or a semi retreat)?

YES

NO

(Tick as appropriate)

If you have done a personal retreat at Marpa House before, please provide the dates of that retreat (the most recent if you have been more than once) and any other information you wish us to be aware of.

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Please use the box below to explain why it would not be reasonable to ask you to pay the fees for undertaking a personal retreat at Marpa House or alternatively provide evidence that one or more of the following apply to you:

- (1) You are a full-time student
- (2) You are in receipt of benefits
- (3) You are volunteering as long term staff at Marpa House

Please use the box below to tell us what steps you have taken to try and raise the funds to pay for a retreat at Marpa House or why it is not reasonably possible for you to take any such steps (e.g. due to family or caring commitments).

Please use the box below to explain what meditation experience you have (including the kinds of practices you do and whether you have undertaken a personal retreat before).

DECLARATION

I _____ declare that the information given in this form is true to the best of my knowledge and belief.

SIGNED:

DATE: