



Arizona Enneagram Association
Scholarship Application Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Profession (if any currently): _____

E-mail: _____

Enneagram Type: _____ Subtype (if known): _____

Phone (Home): _____ (Work): _____ (Cell): _____

What workshop/event/class are you planning to attend?

Name of event: _____ Date of event: _____

How did you hear about the scholarship?

- Friend or family (please identify) _____ Website E-mail
- Mailing Ad Workshop Therapist Other _____

Mail or email the application form and reference letter no later than the deadline to (if mailed, the application must be postmarked by the deadline):

AEA Scholarship Chair - Judy Shoob
15826 E. Sunflower Dr., #2
Fountain Hills, AZ 85268-3675
Or Fax to: Andrea Andress at 602-840-8767 (use cover letter)
Or mail to: judyshoob@aol.com
Cell: 480-209-9899

Your application for a scholarship will be reviewed based on the following criteria: financial need, past participation in programs/readiness for the subject matter, intent/interest in sharing information on the Enneagram, diversity, and scholarship history.

Please address your qualifications under each of the four review criteria below in 100 words or less.

1. Explain your financial need that qualifies you for this scholarship. (Financial statements are not necessary, but a general indication of your income and savings is appropriate.)

2. Past participation in Enneagram programs/readiness for subject matter.

3. Intent/interest in sharing information about the Enneagram.

4. Diversity: Demographic, geographic, and/or special skill sets or needs

5. Scholarship history. Please list any scholarship and/or work study support received for an Enneagram program hosted by AEA.