



Learning Center for Astrological Studies Financial Grant Application Form

P.O. Box 1264 • Okemos MI 48805
517-664-2665

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IMPORTANT: PLEASE READ CAREFULLY

This purpose of this grant application is to apply for a Financial Grant amounting to one/half (1/2) the cost of a Learning Center for Astrological Studies course. All Learning Center for Astrological Studies (LCAS) Courses are graded on a pass/fail basis. It is a condition of this grant that if awarded to you that you complete and pass the course, or if you fail the course, reimbursement of the grant money is required. However, if unusual circumstances have warranted a satisfactory explanation of why the clinic was not completed, or why the clinic was failed, the LCAS Board of Director's may rule that the grant monies do not need to be reimbursed.

PLEASE NOTE: ALL INFORMATION ON THIS APPLICATION FORM IS CONSIDERED CONFIDENTIAL BY THE LEARNING CENTER FOR ASTROLOGICAL STUDIES.

Date: _____

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____

What Learning Center of Astrology Course are you applying for?

Term: _____ Instructor: _____

ASTROLOGY BACKGROU D

1. Have you taken astrology classes previously? _____ Yes _____ No

If yes, where? _____

Please describe the extent of your astrological studies course work _____

If no, Have you studied astrology on your own? _____ Yes _____ No

(continued on back)

Learning Center for Astrological Studies

Financial Grant Application Form continued . . .

How long have you been studying? _____

What level (beginning, intermediate, advanced) do you consider yourself to presently be: _____

Do you currently interpret charts for friends, family, or clients? _____

FINANCIAL INFORMATION

1. Your occupation: _____

2. Your yearly income: \$_____ 3. No. of Dependents: _____

4. Do you currently share living expenses with someone else? _____ Yes _____ No

5. If yes, what is your joint yearly income: \$_____

6. Please give us any additional information you feel is important for us to consider in regards to your financial situation.

7. What do you hope to achieve with your studies in Astrology?

PLEASE NOTE: If you were previously a student of the Learning Center for Astrological Studies, the LCAS Board of Directors has the right to request a review of your records in conjunction with this grant application to review past performance

Completion of this grant form does not constitute approval of the financial grant request by the LCAS Board.

I have read all of the above information and agree to the terms of the grant if approved:

Signature: _____ Date: _____

MAIL TO: LCAS, P.O. Box 1264, Okemos, MI 48805

For LCAS Board use only:

Grant approved: _____ Yes _____ No

Date: _____

Signature, President, LCAS _____