



**SCHOLARSHIP APPLICATION
Bernie Dushman Scholarship Fund (BDSF)**

Set up in memory of our fellow teacher, board member and friend to those who knew him, this Fund makes awards to support the training costs at Summer and Winter Tai Chi Trainings presented by our School. The Fund expects to make at least 5 grants each year, of \$500-\$1,000 each, but will award more grants as funds allow.

The Fund prioritizes applications in two areas:

- To support training costs for students in financially constrained circumstances.
- To support training costs for apprentice teachers. Priority will be given to (a) apprentices who are in financially constrained circumstances (b) for whom attending a training would offer an opportunity to develop one's practice (c) would benefit students and fellow apprentices at a summer/winter training.

Scholarships will normally only cover direct tuition and other on-facility costs, and will not cover travel or accommodation expenses.

Eligibility: To be eligible, a student must be a current or former student in one of our teaching locations and their application should be supported via a recommendation by a member of the Tai Chi Foundation/a current teacher with our school.

Send Completed Application:

By Mail: TCF Scholarship Committee
PO Box 575
New York, NY 10018

By E-mail: scholarships@taichifoundation.org

Application Form on next page.

Please note the due date for Scholarship Applications

Summer 2016 Training

Due Date for Applications is May 30, 2016

Winter 2016 Training

Due Date for Applications is Oct 30, 2016

Your chance of receiving funds is more likely if you apply before the deadline.

Location and Date of Training you are applying for: _____

Name _____

Mailing Address: _____

City/State/Province/Zip _____ Email Address: _____

Telephone Number: _____

Alternate/Cell Telephone Number: _____

Click your category:

_____ A continuing student

_____ A Tai Chi Foundation apprentice teacher

I am currently registered for these classes/apprenticeships: _____

I paid a deposit on this date: _____ in the amount of \$ _____

Form of Payment: (credit card, check, cash) _____

I am requesting a minimum scholarship amount of: _____

My scholarship application is recommended by: _____

(Name, Teaching Location, Phone Number)

Describe your financial situation and reason for need (use an extra sheet of paper if needed):

I have read the Scholarship eligibility and criteria and I understand the terms.

Signature: _____ Date of Application: _____