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**New Group Scholarship Application**

Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Contact Name:

Phone/Email:

Location Address:

Identified Location (type of building: e.g. library, community center, etc.):

Time and day of planned meeting:

Verification of insurance:

\_\_\_ location requires insurance and insurance will be paid by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_

\_\_\_ location does not require insurance.

Send this form to: EAI P.O. 4245 St. Paul MN 55104

Or scan and email to: groupdata@emotionsanonymous.org

*Submission of this information does not guarantee scholarship funds.*

*EA staff will reply to each request within 10 days of each request.*

*EA Approval by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*EA1/Scholarships*