

# Springwater Center

7179 Mill St.  
Springwater, NY 14560

*for meditative inquiry and retreats*

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## Retreat Assistance Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Daytime phone \_\_\_\_\_ Evening phone \_\_\_\_\_

Email \_\_\_\_\_

Annual Income \_\_\_\_\_

Occupation \_\_\_\_\_ No. of Dependents \_\_\_\_\_

Retreat for which you are seeking assistance \_\_\_\_\_

Normally the Retreat Assistance Fund does not provide more than half the retreat fee, including the fees for part-time attendance.

Please indicate the amount you are able to pay for the retreat yourself \$ \_\_\_\_\_

The retreat assistance fund is sustained through donations and is a limited resource. It is intended to help those who would otherwise find it a financial hardship to pay the full rate for retreat. Please indicate in the space provided the circumstances that necessitate your request for assistance. We may need to contact you for further clarification, but will otherwise notify you of the amount of support the fund will provide.