



6180 Verona Road, Suite 300, Fitchburg, WI 53719 Phone: 608-661-4178

REGISTRATION/SCHOLARSHIP APPLICATION
2019 *Infinite Boundaries*® All Stages Retreats

Name (First, Middle Initial, Last)		
Address		
City, State, Zip, County		
Email Address:		
Pref. phone:		Alt Phone:
Birthdate:		Year of Breast Cancer Diagnosis:
Please check the retreat you would like to register for below:		
	Date	Location
Young Survivors (Diagnosed under 40)		
	Friday, March 15 – Sunday, March 17, 2019	The Osthoff Resort, Elkhart Lake, WI
All Stages Retreats		
	Thursday, April 11 – Sunday, April 14, 2019	The Osthoff Resort, Elkhart Lake, WI
	Thursday, August 8 – Sunday, August 11, 2019	Madeline Island, Lake Superior, WI
	Thursday, Sept 11 – Sunday, Sept 14, 2019	Green Lake Conference Center, Green Lake, WI

Scholarship

Please continue completing this form if you need financial assistance with your registration fee.

Do you have health insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO
How many people live in your household?	
Estimate your annual out of pocket medical expenses:	
Estimate your annual household income: <input type="checkbox"/> below \$20,000 <input type="checkbox"/> \$20,000 - \$30,000 <input type="checkbox"/> \$30,000 - \$40,000 <input type="checkbox"/> \$40,000 - \$50,000 <input type="checkbox"/> \$50,000 - \$60,000 <input type="checkbox"/> \$60,000 - \$70,000 <input type="checkbox"/> \$70,000 - \$80,000 <input type="checkbox"/> \$80,000 - \$90,000 <input type="checkbox"/> Over \$90,000	1) Do You need to set up a payment plan for your \$150.00 deposit? <input type="checkbox"/> YES <input type="checkbox"/> NO 2) Do you need the full scholarship of \$250.00? <input type="checkbox"/> YES <input type="checkbox"/> NO 3) If no how much are you able to pay:\$ _____
Financial Circumstances: Please tell us about your financial circumstances, and reasons for your request for financial assistance. (Continue on back if necessary)	

Some grants request information about participant finances, which will be reported unnamed and summarized.

FOR OFFICE USE ONLY	Date Application Received	Determination/Date		Date of Notification	Deposit Received
		Approved	Denied		