

Self-Realization Fellowship
HOW-TO-LIVE YOUTH PROGRAMS

REGIONAL DAY PROGRAM
Based on the teachings of Paramahansa Yogananda

SCHOLARSHIP REQUEST

Name of child _____

Name of parent(s) _____

Address _____

Telephone numbers: (daytime)_____ (evening)_____

Regional Day Program registration fee is: \$ 35.00

I/We can pay: \$ _____

I/We are requesting a scholarship of: \$ _____

Reason scholarship assistance is being requested:
