

thirdroot

community health center



Community Health Scholarship Recipient Form

Third Root's Community Health Scholarships are an opportunity for you to commit to your own better health in a big way. We ask that you fill out our Sliding Scale Worksheet and return it to us with this form (feel free to attach additional sheets if necessary). We will get back to you within two weeks. One of our practitioners will meet with you so we can work together to make a plan for your health and your scholarship. We are excited at the prospect of working with you!

Name: _____

Address: _____

Email: _____ Phone: _____

What are your health priorities right now?

What services are you most interested in accessing and/or which services will most benefit your condition?

What is your experience with holistic health care? (whether you have experience or not will not effect your application, it's just for our information)

Thank you for your application and commitment to good health, well-being, and social justice!

Third Root Community Health Center
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