



Homeoprophylaxis (HP) Scholarship Program

This scholarship program is designed to support families who genuinely want to participate in an HP program but are unable to pay the full cost at this time. Qualified families may receive over 40% off the program price.

To be considered, you must agree to the following:

- Paying the full program cost (\$520) is not currently financially possible for your family.
- You have/will read our HP Resource Guide.
- You are able to contribute \$300 toward the program costs. (No additional discounts can be applied.)
- You agree to adhere to the same terms and conditions as all families enrolled in our HP programs.

If you can agree to all of the above, please feel free to complete the rest of the application below. (Please note: We are currently only able to take applications from families in the US.)

Directions: Complete the application by either printing and filling it out by hand or downloading and filling it digitally. Once finished, upload the completed form and email it to realimmunityts@gmail.com with the subject line: Scholarship Application.

Applicant Information:

Full Name:

Email Address:

City, State:

Number and ages of Children Participating:

Financial Need

Briefly share why financial assistance would help your family participate in this program. (Include any financial constraints and rationale for your request.)

Is there anything else you would like us to know about your family or your interest in this program?

Agreement Before Submitting

Before submitting this form, please confirm that you agree to the following:

- I agree pay \$300 toward the cost of the program if I am awarded a scholarship.
- I agree to review the [HP Resources Download](#) before beginning the program.
- I agree to the [HP Program Terms and Conditions](#).
- I understand that by submitting this application does not guarantee a scholarship, but that I will be notified if I qualify for a scholarship.