

*Tami Stackelhouse*  
CERTIFIED HEALTH COACH



***The Sherri L. Little  
Fibromyalgia Coaching Scholarship  
Application***

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Diagnosed with Fibromyalgia \_\_\_\_\_

Requested Program Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*(Applications are reviewed on a rolling basis and are awarded when coaching resources are available. When coaching resources are not available, applicants may be put on a waiting list.)*

***I believe I would benefit from a Fibromyalgia Coach because:***

*The area(s) of focus I would most like to work on:*

*After completing my coaching sessions, here's what I expect will be different in my life:*

*For my coaching sessions, I can pay \$\_\_\_\_\_.*

*Additional information about my financial situation:*

***The short version of my fibromyalgia story is:***

***Please submit via email or FAX:***

- Completed application (all three pages)
- Letter of recommendation explaining why you are a good candidate for coaching

Send to Tami Stackelhouse:

FAX: (866) 700-4934

Email: [tami@myrestoredhealth.com](mailto:tami@myrestoredhealth.com)