

## SABBATICAL REFERRAL LETTER

## Nominator/Reference Information:

City

Nominator/Reference shall be an employer, counselor, pastor, or doctor of the applicant. Full name: Date: Last First Address: Phone: Street address Apt/Unit # Email: City State Zip Code **Referring Organization** or Agency: Title: **Applicant Information:** Full name: Date: Last First Address: Phone: Street address Apt/Unit #

State

Zip Code

Email:

Please tell us why the applicant should be awarded a sabbatical retreat:

Are there any special needs to be considered with this request?

Please submit this referral letter attached with an application to RiverOfGraceRetreats@gmail.com.

Sabbatical recipients agree to follow all rules and regulations of the River of Grace property and owner. Failure to do so may result in immediate eviction from the property. A liability waiver is required for each person on the sabbatical and for anyone who visits the property during your stay.

Sabbatical retreats are granted to individuals and/or families recovering from grief or intense stress, emotional or physical trauma, life-threatening illnesses, or families that have children with disabilities. Applicants will be prioritized and granted on a case-by-case basis. In some instances, this will be first come-first served, in others this will be based on a hierarchy of need or crisis. This will be a self-led sabbatical that consists of free housing and does not include food or transportation. There is no therapy or counseling available on-site. This facility is similar to a VRBO. For a complete description of the property, contact us.

## **Contact Information:**

www.RiverOfGrace.us RiverOfGraceRetreats@gmail.com 417-844-9999 2205 W 136<sup>th</sup> Ave, Ste 106-217 Broomfield, CO 80023

The River of Grace Sabbatical Retreat Center is located near Buena Vista, CO, about 2.5 hours west of Denver.