

# Instituto Xilonen Grant Program Questionnaire

This is an editable PDF. Please submit request to [jessica@institutoxilonen.com](mailto:jessica@institutoxilonen.com)

## IX Grant Program Questionnaire

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All information provided will be kept confidential.

Name

First

Last

Address

Line 1

Line 2

City

State

Zip code

Country

Email

Occupation

Age range   <18    18 - 34    35 - 50    51 - 70    71+

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### 1. Experience with Crystals:

Check all those that apply

- None
- Admire Crystals
- Friends/Family have Crystals
- Have a few Personal Crystals
- Have worked with Healing Crystals
- Crystal Collector

### 2. Programming Directives for your IX Crystal:

Rank from 1-9,

9 being most important, 1 being least important


- Clearing and Protecting
- Destiny Manifestation
- Meditation and Attunement
- Clarity and Decision-making
- Creative Inspiration
- Spiritual and Physical Healing
- Balance and Moderation
- Relationship Support (familial)
- Relationship Support (romantic)

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3. Describe your overall energy, how it is, and how you would like it to be (250-500)?:




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4. Tell us about one intention you want to manifest in your life (250-500 words)?:



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5. Imagine that your personal intention is manifested, what is it that you wish for the wider world (250-500)?:



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6. Is there anything else you'd like to share with us (250-500)?: