**I AM YOGA Wellness Studio**

**SCHOLARSHIP REQUEST FORM**

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| **Person Making Request** |
| Name: |  |
| Address: |  |
| Email Address: |  |
| Contact Phone Number: |  |

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| **Request Specifics** |
| Indicate which area you are requesting financial assistance for.

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| Studio fees for regular class attendance |  |
| Payment of fees for Yoga Teacher Training (Per student cost: $2,200) |  |
| Other:  |  |

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| Brief statement of special need; why are you requesting assistance?***The studio reserves the right to use its discretion in awarding scholarships based upon stated need.*** |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |