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