APPLICATION FOR THE AMY BOSWELL YOGA TEACHER TRAINING SCHOLARSHIP

This scholarship will be awarded based primarily upon financial need, in addition to a variety of other factors. Please answer all of the questions below to be considered for the scholarship.

Date

Name

Address

Email

Cell phone

1. Why would you like to be considered for a scholarship?
2. How will you personally benefit from participating in our 200-Hour Yoga Teacher Training?
3. How do you plan to share your new skills with others in your community?
4. What abilities or experience do you already possess that will enable you to effectively share these new skills with others?
5. Do you plan to teach to special or underserved populations? ie. nursing homes, prisons, veterans
6. Tell us what unique qualities you can bring to the practice and furtherance of yoga?
7. What is your annual Net Disposable Income? Net Disposable Income is what is left of your earnings after paying essential living expenses such as: taxes, mortgage / rent, car payment, utilities, school tuition, meals, and any essential expenses that you cover for others. Income information is considered confidential and is required in order to process your application. All information should be from the most recent tax year.

FULL DISCLOSURE & ACCEPTANCE OF TERMS

I certify that the information I have provided is complete and accurate and that I have given a full disclosure of my financial status. I understand that all the information in this application will be kept strictly confidential and only used to determine my eligibility for a scholarship. This application requests personal and financial information. All information provided will remain confidential and not be released to anyone. As a scholarship applicant, we trust that the information you provide is a complete and accurate disclosure of your financial status. I understand that early withdrawal, non-completion or leave of absence from the program will result in forfeiture of scholarship monies and that I can reapply to the program and scholarship in the future. This scholarship is provided in collaboration with The Stephen A. Comunale, Jr. Family Cancer Foundation. The name of the scholarship winner will be released to The Stephen A. Comunale, Jr. Family Cancer Foundation, who may publish the winner’s name in a report of their grant activity.

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| Electronic Signature (Full Name)  | Date  |

Thank you for your application. We will notify you by email once your application has been reviewed.

APPLICATION DEADLINES

All application deadlines are final. We are unable to consider applications received after the deadline. If you have any questions regarding the application process please contact us by email at info@yogablissakron.com

SUBMIT