

EVOLUTION YOGA SCHOLARSHIP PROGRAM/FINANCIAL AID APPLICATION

(All information is confidential.)

Name: _____

Address: _____

City, State, and Zip: _____

Phone Numbers: Home _____

Work _____

Cell _____

Fax _____

Email: _____

Have you taken classes at Evolution Yoga before? *Circle* **Yes** **No**

If so, when did you most recently attend and what kind of class pass did you have?

Date: _____

Class Pass _____

Please share with us your current yoga practice.

What classes do you want to take? *(Please list day, time, and teacher)*

Annual Adjusted Gross Income *(As reported on most current federal tax return):*

\$/Year: _____

Check any of the boxes that apply:

- I am disabled and my sole income is SSI/disability/workers compensation benefits.*

- I am unemployed and my sole income is unemployment benefits.*
- I am a resident of a shelter, halfway house, transitional housing or Section 8 housing.*
- I am a single parent with full custody of children under 18 and I only work part-time.*
- Other financial hardship not listed above. Please Specify:*

Please write a short statement giving reasons for your application for aid and why it should be granted.

I certify the information given on this application is true and complete to the best of my knowledge and belief. (Financial aid awards can be withdrawn for incomplete or inaccurate information.)

X _____ Dated _____

(Signature Required)

(A copy of your tax form may be requested during the review process)

Mail to or drop off at:

Sandy Gross, Evolution Yoga, 28601 Chagrin Blvd., Woodmere, OH 44122