



In order to streamline the check-in process and to provide discretion for our students, we ask that those using the sliding fee scale submit an application. If your application is approved, the drop-in rate for which you qualify will be entered into the system so that the person at the desk knows the rate you pay and you can check in quickly.

Please submit the following pieces of information to ensure your application will be processed efficiently:

- Completed application
- Required income information (page 2)
- Income documentation for every applicant

Your application will not be accepted if you are a full-time student. One Yoga offers a student rate of \$10/class.

Please allow 2 weeks for processing your application. All applicants will be notified via email or phone once processing has been completed.

## Sliding Fee Application Packet

At One Yoga, it is our mission to make the life-changing benefits of yoga available to those who traditionally lack access. One way we do that is to offer drop-in classes on a sliding fee scale. The sliding fee scale is available to qualifying students within our financial means. Approval is based on the information provided by the applicant and is granted in a fair and consistent manner. To apply, please complete the following forms and submit all required documentation. Completed applications with all required documents attached can be dropped off at the front desk or mailed.

In order for us to offer discounted rates in a fair and consistent manner, it is imperative that all applications are complete and accurately reflect the entire household income. This includes revenue from multiple sources (e.g. part-time employment, government assistance, tips). In order for us to process your application **you will need to submit proof of income for all individuals living at your residence**. If you are claimed as a dependent on someone else's tax return, you will need to include a copy of your provider's proof of income as well. Do **not send originals. They will not be returned.**

- Incomplete applications will not be processed.
- Items will not be returned. Do not send originals.
- You may be contacted via phone or email for clarification of your application.

**If you have questions, please call Danielle at 612.872.6347 or email [info@one-yoga.org](mailto:info@one-yoga.org)**

The following documents will be needed to complete our review of your application—send copies, NOT originals:

1. Completed One Yoga Sliding Fee Scale Application
2. Copy of last two (2) pay stubs from all employers of all adults in the household
3. The first two (2) pages of your prior year 1040 (if self-employed, include your Schedule C). If you do not have your 1040, call 1.800.829.1040
4. If you receive MFIP, your latest eligibility statement and year-to-date “money” statement. Call 612.596.1300 to get these statements.
5. If you receive SSI or RSDI, your most recent award statement
6. Alimony and/or child support income documentation

APPLICATIONS CANNOT BE PROCESSED UNTIL ALL REQUIRED DOCUMENTATION IS SUBMITTED AND APPLICATION IS FILLED OUT COMPLETELY. PLEASE SEND COPIES, NOT ORIGINAL DOCUMENTATION.

**Primary Applicant Information:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City, State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Email Address \_\_\_\_\_

This application is:  New  RenewalAre you a full-time student?  Yes  NoAre you currently employed?  Yes  NoDid you file taxes this year?  Yes  No

Number of adults in your household \_\_\_\_\_

Number of dependants in your household \_\_\_\_\_

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**Additional Household Members Applying for Sliding Fee:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

**Household Income**

\$ \_\_\_\_\_ 1) Your Monthly Gross Income

\$ \_\_\_\_\_ 2) Other Adult's Monthly Gross Income

\$ \_\_\_\_\_ 3) Child Support

\$ \_\_\_\_\_ 4) MFIP

\$ \_\_\_\_\_ 5) Other Income

**\$ \_\_\_\_\_ Total Monthly Income**

Have you experienced a change in your income that is not represented in the forms or statements you are submitting?  Yes  No

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I understand that it is my responsibility to notify One Yoga of any changes in the information provided on this application. Based on these changes, One Yoga reserves the right to adjust or terminate the scholarship amount. Failure to advise One Yoga of changes may result in immediate revocation of sliding fee privileges.

I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification, and that I may be asked to provide additional documents to support this application.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

2<sup>nd</sup> Adult Applicant Signature \_\_\_\_\_

3<sup>rd</sup> Adult Applicant Signature \_\_\_\_\_