



Yoga Studies Scholarship Application

Beginning in 2018, to further its mission of making the benefits of yoga more accessible, One Yoga is offering need-based scholarships for the One Yoga Studies Program. To be considered for a scholarship, please submit a completed application and supporting documentation as per the below instructions.

SCHOLARSHIP QUALIFICATIONS:

- Minimum of 6–12 months continuous practice at One Yoga
- Minimum of 1–2 years of yoga practice
- Demonstrated financial need

SUBMISSION OPTIONS:

- By mail or in person: One Yoga, 721 W 26th Street, Minneapolis, MN 55405
- By email: bvrocksteady@gmail.com and claire@one-yoga.org

REQUIRED DOCUMENTATION

- Two most recent pay stubs from all employers for each individual listed on the application
- First two pages of the previous year's Form 1040
 - If self-employed, include your Schedule C
 - If you do not have your Form 1040, call 1-800-829-1040

Include the following documentation (if applicable):

- If you receive MFIP, your latest eligibility statement and year-to-date money statement.
 - Call (612) 596-1300 to get these statements.

If you receive SSI or RSDI, your most recent award statement.

Alimony and/or child support income documentation

Do not send originals of your financial documents. They will not be returned.

GENERAL INFORMATION

Applicant Name

Birth Date

Phone

Email Address

Address

City, State

Zip Code

Are you currently employed? Yes No

Did you file taxes this year? Yes No

Number of adults in your household _____

Number of dependents in your household (not including yourself) _____

Tuition and fees deduction for last year _____

Other tax deductions reported on the previous year's 1040 _____

Questions? Contact claire@one-yoga.org

PRACTICE EXPERIENCE & REFERENCE

Years/months yoga practice experience _____

Years/months continuous practice at One Yoga _____

Name of reference (a yoga instructor with whom you practice) _____

Reference phone number _____

Reference email address _____

HOUSEHOLD INCOME

\$ _____ 1) Your annual gross income

\$ _____ 2) Your partner's annual gross income

\$ _____ 3) Other income from assistance or subsidies,
such as disability, MFIP, child
support/alimony, etc.

\$ _____ 4) Other: _____

\$ _____ **TOTAL ANNUAL GROSS INCOME**

Questions? Contact claire@one-yoga.org

Is some aspect of your income not represented in the forms or statements you are submitting?

If yes, please describe: _____

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