WHY Yoga Scholarship Application

WHY is a community that works together to ensure the benefits of a hot yoga practice are accessible to everyone regardless of financial means. This financial assistance is open to any student who may not be able to afford the cost of yoga classes. For those with accessibility needs, we can assist in filling out the application if needed.

Applications must include income verification - applications without verification will not be considered. If income is zero please include an explanation. Feel free to provide documentation, including outstanding bills, financial assistance documents, or other documents to support your application.

Scholarship recipients are required to make a three-month commitment to their yoga practice. Scholarship terms are January - March, April - June, July - September, and October - December. The committee meets quarterly on the 20th of March, July, September and December. Applications must be received prior to the committee meeting on the 20th. Late applications will be reviewed in the next scheduled session.

Scholarship applications can be dropped off at the studio -

34 Merrimack Street, Haverhill

Or emailed to Teri@wellnesshotyoga.com

WHY Scholarship Application

Full Name and Address

If homeless please let us know

Contact Information

If you do not have a phone number or email address give us the contact information of someone who can contact you. (please explain)

Email

Phone Number

Income Information -

Documentation Required

Current employer name and address

Please note if you are unemployed or a full-time student.

Individual Monthly Income After Taxes

Household Monthly Income After Taxes

Additional Monthly Income/Assistance

SNAP benefits, Unemployment, Student Financial Aid, Child Support, or other support.

How many adults are supported by the household income?

How many children are supported by the household income?

Are you a single parent?

If your income is zero please explain?

How are monthly expenses being met? Barter or trade? Other support? Savings?

Extraordinary expenses, debts, or extenuating circumstances the committee should take into consideration. Please explain and provide documentation if possible.

Can you contribute financially or with time towards a monthly membership?

How much can you afford or be able to contribute to your monthly unlimited yoga practice?

Why do you feel you should receive a scholarship?

How do you feel you will benefit from a regular yoga practice?

Do you have a connection to Wellness Hot Yoga?

Will you need additional support to have a regular practice at WHY?

Transportation support? Yoga clothing or equipment? Access to laundry?

Full disclosure and acceptance of terms

I certify that all the information I have provided is complete and accurate. I have given full disclosure of my financial status. Wellness Hot Yoga recognizes that this application requests personal and financial information. All information provided will remain strictly confidential, will only be used to determine your eligibility for a scholarship, and will not be released to anyone outside of the Wellness Hot Yoga scholarship committee. As a scholarship applicant, we trust that the information you provide is complete and accurate.

Sign \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_