



YOGA ALLIANCE ACADEMY®

PARTIAL SCHOLARSHIP - APPLICATION FORM

Latest Version. Updated 9.6.2015

Dear Scholarship Applicant:

Thank you for your interest in the Yoga Alliance Academy® 250 hour Gheranda Samhita Hatha Teacher Training Foundation Level 1 Advanced. Enclosed is the application form for our scholarship program. This letter will help determine whether you are eligible for a scholarship. It also contains important information regarding application deadlines, so please read it thoroughly.

Only one scholarship per year is currently available or the Gheranda Samhita Hatha Teacher Training® date:18.11.2016

Determining your eligibility for a scholarship

Registration for application closes 6 months prior to the start of the training. No scholarship applications will be accepted after this date. To apply for this amazing opportunity, please complete and submit **ALL** of the required supporting documents.

Students that have any physical and or medical condition that may impede or limit their postures will be required to show photos of any postures that they have limitation in with their application before being accepted to the training.

Student must have practiced yoga (any styles excluding Hot Yoga) for at least one year three four times a week. A letter of reference is required.

Students must provide at least two letters of character references.

Income level verification is required to verify your eligibility.

Financial need is assessed on the basis of your annual household income. The table below shows you if your income level qualifies you to apply for a scholarship.

<u># of people in household</u>	<u>Max gross household income</u>
1	\$25,500
2	\$31,500
3	\$37,500
4	\$43,500

Scholarship Amounts

Scholarships typically cover from 30% to 50% and/or depending on the individual personal circumstances up to 60% of total programme costs.

Application Deadlines

Applications must be received no later than 18th May, 2016.



Personal Information (Capital Letter) Write above the line. Legible Please.

Name _____ Surname _____ M/F _____ DOB _____

Address (cannot be PO BOX) _____

City _____ State _____ Zip _____

Home Phone Number _____ Work Phone Number _____ Mobile Phone Number _____

E-mail Address _____

Occupation _____

Citizenship _____ Residence _____

City _____ State _____ Zip _____

Annual Household Income (please check one box)

<input type="checkbox"/>	\$0 to \$15,000	<input type="checkbox"/>	\$15,001 to \$20,000
<input type="checkbox"/>	\$20,001 to \$25,000	<input type="checkbox"/>	\$25,001 to \$30,000
<input type="checkbox"/>	\$30,001 to \$35,000	<input type="checkbox"/>	Greater than \$35,000

Employer Name (if any): _____

Employer Address: _____

Employer Email: _____

Monthly net income from work (after taxes) \$ _____

Monthly public assistance checks (Centrelink, Study Scholarship, etc.) \$ _____

Monthly unemployment compensation \$ _____

Any other monthly or annual income (such as a second job) \$ _____



Total monthly net income \$

How many adults are supported by this income:

How many children are supported by this income:

Please summarise your monthly expenses and all income.

Please attach the following supporting documentation:

A record of assistance to underserved populations and community leadership.

Written verification of your monthly income such as pay slips, income tax return.

Written verification of expenses (i.e. medical/dental costs) such as a bill, receipt or check.

A copy of the main pages of your last three years tax return.

Any other documentation that will help establish need for scholarship

Other Financial Considerations

Personal Essay

In awarding scholarships we take into account a variety of factors in addition to financial need. Please take a moment to describe why you want to attend the Yoga Alliance Academy[®] Gheranda Samhita Hatha Teacher Training Foundation Level 1 Advanced and why we should consider you for a scholarship. (Please attach addition sheets if necessary.)



YOGA ALLIANCE[®]

International Register of Certified Teachers and Schools

I certify that all 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. I agree to notify Yoga Alliance if there is any change in my income or expenses which would affect my eligibility for, scholarship within 5 days of those changes.

Signature

Date

Please mail completed application to:

Yoga Alliance
Suite 1A, Level 2
802 Pacific Highway
Gordon NSW 2072

We will respond within 4-8 weeks.