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| Sol yoga, inc.  Scholarship Application |  |

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| **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | | First | | | | | | |  | | | | | | MI | | | |  | | | | | Date | | |  | | |
| Street Address | |  | | | | | | | | | | | | | | | | | | | | | | | | Apt/Unit # | | | | |  | | | | | |
| City | |  | | | | | | State | | | | | | | |  | | | | | | | | | | Zip Code | | | | |  | | | | | |
| Phone | |  | | | | | | Email Address | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **SCHOLARSHIP TYPE** | | Sol Yoga Classes | | | | | | Sol Yoga Membership | | | | | | | | | | | | | | | Training/Workshops | | | | | | | | | | | | | |
| Class Name | |  | | | No. Classes | | |  | | | | | | Total Cost | | | | | | $ | | | | | Amt Requested | | | | | | | | $ | | | |
| Membership | |  | | | Duration | | |  | | | | | | Total Cost | | | | | | $ | | | | | Amt Requested | | | | | | | | $ | | | |
| **PROGRAM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Program Name | |  | | | | | | | | | | | | | | | | Program Location | | | | | | | | |  | | | | | | | | | |
| Are you enrolled? | | Yes | | | | | No | | | | | | Program Dates | | | | | | | |  | | | | | | | | | Program Cost | | | | | | $ |
| Did you pay a deposit? | | Yes | | | | | No | | | | | | If yes, how much? | | | | | | | | $ | | | | | | | | |  | | | | | |  |
| Other Scholarships Pending? | | Yes | | | | | No | | | | | | If yes, how much? | | | | | | | | $ | | | | | | | | | Amount Requested from Sol | | | | | | $ |
| **CERTIFICATIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Please list all current certifications and provide copies* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 hr RYT | Yes | | | | | | No | | | | | | | | | School Name | | | | |  | | | | | | | | | | | | | | | |
| 500 hr RYT | Yes | | | | | | No | | | | | | | | | School Name | | | | |  | | | | | | | | | | | | | | | |
| Other |  | | | | | | | | | | | | | | | School Name | | | | |  | | | | | | | | | | | | | | | |
| **INQUIRY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Describe why you are applying for a SOL Yoga scholarship.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Describe the program/training/workshop/membership/classes and how it will benefit you and the Sol Community.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Describe any special circumstances that have led you to ask for assistance.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Describe your current personal practice.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *Describe your involvement in the Sol Yoga Community.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **DISCLAIMER AND SIGNATURE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers are true and complete to the best of my knowledge.  If this application leads to award of financial assistance, I understand that false or misleading information in my application or interview may result in my disqualification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |  | | | | |
| **SOL YOGA COMMITTEE ONLY (Below)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is program/membership/workshop eligible for assistance? | | | | | | | | | | | | YES | | | | | | | NO | | | | | Amount of Aid Awarded | | | | | | | | | | | | $ |
| Sol Committee 1 Score |  | | | Sol Committee 2 Score | | | | | |  | | | | | Sol Committee 3 Score | | | | | | | | |  | | | | Sol Committee 4 Score | | | | | | | |  |
| Sol Committee 5 Score |  | | | Sol Committee 6 Score | | | | | |  | | | | | Sol Committee 7 Score | | | | | | | | |  | | | | Sol Committee 8 Score | | | | | | | |  |
| Dorcas Score |  | | | Kristina Score | | | | | | |  | | | | Total Score | | | | | | | | | | | | | | | | | | | |  | |
| Additional Notes: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Copies of Certificates received? | | | YES | | | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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