



200-Hour Yoga Higher Learning Program
13550 Dix-Toledo Rd. Southgate, MI 48195
734-282-9642 ● www.y4peace.org

SCHOLARSHIP APPLICATION

Dear Scholarship Applicant,

Thank you for your interest in our 200-hour yoga teacher training program. We are offering a very limited number of partial scholarships to qualifying students. In general, to be considered, an applicant's annual income cannot exceed the following respective levels: \$30,000 for singles, \$35,000 for couples and families.

If you wish to apply for a Y4P Scholarship, please complete and submit the attached application form. Applications must be received no later than two weeks prior to the teacher training session start date. Recipients will be mailed a confirmation letter prior to the start date if they have been awarded a scholarship. If you do not hear from us, we were unable to award you a scholarship. Should you have questions, please contact Angela at angela@y4peace.org.

Submitting your application

Please send completed application to:

Yoga 4 Peace
Attn: Scholarship
13555 Dix-Toledo Rd.
Southgate, MI 48195

Applications must be received by May 15th to be reviewed by the committee. Recipients will be mailed a confirmation letter by May 22nd.

Statement of confidentiality and full disclosure

The following application requests personal and financial information. All information provided will remain confidential and not be released to anyone outside of Yoga 4 Peace without your permission. As a scholarship applicant, we trust that the information you provide is a complete

and accurate disclosure of your financial status.

Personal information

Name _____ Date _____

Address _____ City _____ State _____

Phone _____ Date of birth _____

Email _____

Annual household income: _____

Present Employer: _____ Job Title: _____

Total Gross Annual Household Income as reported on your most recent tax form(s): _____

*Note: If you are married and filing separately, please be sure to list your total combined income.
Please attach a copy of the most recent year's tax return.*

Total number of people in your household: _____

Other financial considerations:

If you have any extraordinary expenses, large debts or other circumstances that you would like the Scholarship Committee to take into consideration, please summarize them below. (If you need more space, continue on a separate piece of paper.)

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.

Signature _____ Date _____

