



Scholarship Application Form

NAME _____

TELEPHONE _____

ADDRESS _____

E-MAIL _____

CITY _____

DATE OF BIRTH _____

STATE _____

ZIP _____

Financial assistance is for a percentage of the total price. (Maximum of 50%)

Please circle which membership option you are requesting a scholarship for:

Basic Membership

Basic + Hot Membership

What classes do you plan on taking? (list all you are interested in)

How much scholarship assistance are you requesting? _____

For how long do you anticipate requiring the scholarship for? (explain) _____

Are there any special circumstances that you feel the Scholarship Review Team should know regarding your situation?

Please write a brief summary about why you wish to participate in classes at the Keene Yoga Center:

I have verified all of the above information for accuracy. I understand that this application is not complete and will not be reviewed or considered until a copy of your most recent tax return (IRS form 1040) listing the applicant as either a taxpayer or dependent is submitted.

Print Name: _____

Signature: _____

Date: _____

Thank you for participating in our scholarship program.
Please mail back a signed copy of this form and tax return (IRS form 1040) to
Keene Yoga Center
80 Roxbury St.
Keene, NH 03431
Attn: Scholarship Review Team