



Application for Scholarship

Name _____

Mailing Address _____

Phone: _____

Email: _____

Date _____

How many times each week do you want to practice at The Yoga Lab? _____

How many years have you been practicing yoga? _____

Which yoga styles do you prefer? _____

Have you practiced at The Yoga Lab before? _____

How does yoga influence your daily life and why is your practice important to you?

What is your average monthly income? _____

What are the financial circumstances that are prompting you to apply for a scholarship at this time?

Please fill out and e-mail this form to info@theyogalabbend.com with the subject line "Scholarship Application" or mail to The Yoga Lab 550 SW Industrial Way Ste 170 Bend, OR 97702.