

Sacred Spirit Yoga and Healing Arts Center
343 Broadway, Dobbs Ferry, NY 10522
sacredspiritogacenter.org

Request for Scholarship

Please complete this application and email to info@sacredspiritogacenter.org.
You will hear back shortly.

Date _____

Name _____

Address _____

Email _____ Phone _____

Please check all that apply:

_____ Individual Income is less than \$35,000/year

_____ Student _____ Senior (over 62) _____ Unemployed _____

Other _____ Please explain _____

Please briefly describe why you are applying for a scholarship, and explain how it will benefit you.

For Board Use Only

Date _____ Scholarship approved (yes or no) _____

Reason _____

Amount of scholarship _____

Duration of scholarship _____