



# Svaroop<sup>®</sup> Vidya Ashram

## Application for Expanded Scholarship

We are happy to consider you for our Expanded Scholarship. These scholarships are available for trainings you have not previously taken, including YTT, ATT and Deeper trainings as well EYTS programs offered at our training facility in Downingtown PA. This scholarship is the Ashram's support program for teachers who are dedicated to cultivating a large student body. It is our way of recognizing your achievements as well as your goals to expand Svaroop<sup>®</sup> yoga.

The questions on this application focus on the number of students and yoga therapy clients you are serving in an average week. There are no questions about financial need because this scholarship is not based on need. It is intended to support those who are teaching and spreading Svaroop<sup>®</sup> yoga most effectively.

Please let us know if you need any help with completing this form. When complete, please send it to [programs@svaroopayoga.org](mailto:programs@svaroopayoga.org).

When we receive your application, we will confirm that we have received it within one week. Our reviewers consider it in the cycle of Application Dates (noted below). We treat all your information with utmost confidentiality and respect.

<u>Program Dates</u>	<u>Application Dates</u>	<u>Scholarship Awards</u>
April through the following March	the prior October 1-December 31	March 15
July through the following June	the prior January 1-March 30	June 15
October through the following Sept.	the prior April 1-June 30	September 15
January through the following Dec.	the prior July 1-September 30	December 15

Thank you for your interest in our trainings. We hope to be able to support you with a scholarship!

**Date of this Application:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (day)** \_\_\_\_\_ **(evening)** \_\_\_\_\_ **(cell)** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**SATYA Member? (circle one)** YES NO

**Program you are Interested in Taking**

**Program Name:** \_\_\_\_\_

**Program Dates** \_\_\_\_\_

**Enrollment Fees (including tuition, DTS, materials fees, housing & meals)** \_\_\_\_\_

**Current Teaching: Are you currently teaching Svaroop<sup>®</sup> yoga?**

**If yes, are you teaching (circle one) Full-time or Part-time**

**How many classes do you teach in an average week?**

**What levels of classes are you teaching?**

**How many individual (different) students attend your classes in an average week?**

**How many total students do you teach in an average week (one person attending two classes counts as 2)?**

**Give us website links or send us brochures or fliers listing these classes.**

**If you are certified to teach Half-Day or Weekend Workshops, complete this section:**

**How many have you taught in the last 3 months?**

**How many students attended these workshops?**

**How many of the attendees are your regular students? How many are new students?**

**Your recent Continuing Ed:**

**Please list your most recent Continuing Ed course and the date you took it.**

**Yoga Therapist:**

**Are you currently giving Embodiment® or Svaroopa® Yoga Therapy sessions?**

**What is the average number of clients do you see each week?**

**How many of your students have taken Foundations in the last 12 months?**

**Scholarship Questions:**

**Why are you applying for an Expanded Scholarship?**

**How do you envision the growth of your yoga business over the next 5 years?**

**What plans do you have for achieving this growth?**

**Please tell us anything else you wish us to consider.**

**Thank you for your teaching and your application.**

**Namaste.**

**SEND TO [programs@svaroopayoga.org](mailto:programs@svaroopayoga.org)**