

**IYENGAR YOGA**  
**ASSOCIATION OF GREATER NEW YORK**  
**INSTITUTES OF NEW YORK & BROOKLYN**  
150 WEST 22ND STREET, 2ND FLOOR, NEW YORK, NY 10011  
INFO@IYENGARNYC.ORG | 212-691-9642 | WWW.IYENGARNYC.ORG

**Lisa Rotell Memorial Scholarship Program 2018-2019**

**Application Deadline: September 15, 2018**

The Iyengar Yoga Institute of New York provides scholarships for students, on an annual basis, who would like to take a single weekly class but do not have the ability to pay the full class rate due to their financial situation. The scholarship program is not for students who can afford to pay for other weekly classes. Once selected, scholarship students pay \$5 per class.

Scholarships are for one single weekly class - scholarships are not granted for Series or Workshops.

Scholarships are granted for a twelve-month period (October–September).

Scholarships are subject to review at anytime, and can be terminated due to lack of attendance or change in financial situation.

Scholarship Program Eligibility

- Scholarships are considered and granted due to financial need.
- Applicant must be an active member of IYAGNY.
- Applicant must be studying Iyengar Yoga for a minimum of 6 months.
- Applicant must be able to pay \$5 per class.

We greatly appreciate your interest in our program and will carefully consider your application. You will be notified via email with the result of your application.

Please print legibly and remember to fully complete your application. Submit application and required attachments to:

Edward McKeane, Executive Director  
Iyengar Yoga Institute of New York  
150 West 22nd Street, 2<sup>nd</sup> Floor  
New York, NY 10011  
Tel: 212-691-9642 / Fax: 212-255-1773  
Email: edward@iyengarnyc.org

**For Office Use Only**

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First Name	Last Name
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Decision Date	Decision
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Details

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Notified	M/B
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**Lisa Rotell Memorial Scholarship Program Application**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

1) Are you an active Member of IYAGNY?  Yes  No

2) How long have you been practicing Iyengar Yoga?  Less than 6 Months  More than 6 Months

3) What classes do you currently take and who are your primary teachers?

Class 1:

Day	Time	Level	Teacher
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Class 2:

Day	Time	Level	Teacher
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Class 3:

Day	Time	Level	Teacher
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4) If you study Iyengar Yoga at another location, please list the teacher(s) name(s) and location(s)?

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**5) For which class are you requesting a scholarship? Please note three options, in order of preference:**

Class 1:

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Day	Time	Level	Teacher
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Class 2:

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Day	Time	Level	Teacher
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Class 3:

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Day	Time	Level	Teacher
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**6) Please explain why you are requesting a scholarship, providing concrete details of your financial situation.**

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**7) Copy of Tax Return Attached?**     Yes                       No

If I am granted a scholarship, I agree to the following:

- My scholarship is good for one weekly class only; the class must be on the same day, at the same time, and with the same teacher.
- I will not take any other daily classes at IYAGNY.
- I am able to pay \$5 per class.
- If my financial situation changes, I will inform Edward McKeane, Executive Director, and will relinquish my scholarship.

By signing this form, I agree that all information provided is true and accurate.

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Signature

**IYENGAR YOGA**  
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