



DAYA Foundation Medical Scholarship Application

Our goal at the DAYA Foundation is to make yoga classes, workshops and series accessible to all students.

Medical scholarships are offered to students with a financial need due to medical conditions either chronic, progressive, or otherwise impacting the household budget of the student who would benefit from regular yoga practice. Students may have neurological conditions, live on a fixed income, live on disability, or are unable to work in a capacity that would provide the funds to pay for yoga classes or other valuable DAYA Foundation programs.

To apply for a scholarship, please complete the following form and submit all required documentation. **Do not send originals of any document, as they will not be returned.** If you are unable, or unwilling, to supply the requested documents, please call Sarahjoy at (503) 552-YOGA(9642), or email sarahjoy@dayafoundation.org.

In addition to the application, please submit the following documents:

- The first 2 pages of your prior year tax return (1040s)
- Most recent pay stubs for 3 pay periods, if applicable.
- Medical release form from your doctor for participating in yoga program.

Completed applications can be dropped off at the DAYA Foundation, or mailed to:

The DAYA Foundation
ATTN: Studio Coordinator
PMB #710
5331 SW Macadam Ave. Ste. 258
Portland, OR 97239

Medical Scholarship funds are part of our annual budget, and are granted as available. Opportunities are granted for variable monetary amounts, for classes, private yoga therapy, or for workshops or series.

All applicants will be notified via email or phone once your application has been processed. **If you have any questions or concerns, please call Sarahjoy (see above contact information).**

Medical Scholarship Application



All information on this application will be held confidential.

General Information

Full Name: _____
Last First Birthdate

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Cell Phone: _____ Alternate Contact Number: _____

E-Mail Address: _____

This application is: ☐ *New* ☐ *Renewal*

Do you have a medical condition that prevents you from a livelihood that could include the funds needed for yoga programs here at DAYA?

☐ *Yes* ☐ *No*

Please tell us what you are willing to about your medical condition: _____

Are you living on disability? ☐ *Yes* ☐ *No*

Are you currently employed? ☐ *Yes* ☐ *No*

Is this part-time work? ☐ *Yes* ☐ *No*

Household Income:

Number of adults in your household _____

Number of dependents in your household _____

Annual gross income for your household:

<input type="checkbox"/> < \$10,000	<input type="checkbox"/> \$10,001-14,999	<input type="checkbox"/> 15,000-\$19,999
<input type="checkbox"/> \$20,000-24,999	<input type="checkbox"/> \$25,000-29,999	<input type="checkbox"/> \$30,000-34,999
<input type="checkbox"/> \$35,000-39,999	<input type="checkbox"/> \$40,000-44,999	<input type="checkbox"/> \$45,000-49,999
<input type="checkbox"/> \$50,000-54,999	<input type="checkbox"/> \$55,000-59,999	<input type="checkbox"/> \$60,000+

Have you recently experienced a change in your income, or do you anticipate experiencing a change to your income in the next 2 months?

☐ *No* ☐ *Yes (If yes, please explain)*

Medical Scholarship Application



Medical Scholarship

Please explain why you are applying for a medical scholarship from the DAYA Foundation.

How do you imagine you will benefit from the practices of yoga?

Would you be willing to share your experience of our programs in support of our fundraising efforts? (It is through direct ask fundraising that we build the funds for our medical scholarship program. When recipients tell their story, it helps bring awareness to our work and to the demonstrated need for this medical scholarship program.)

☐ I certify that the information provided is true to the best of my knowledge. I am aware that the information I have provided is subject to review and verification, and that I may be asked to provide additional documents to support this application.

Signature

Date