

## **Satchidananda Ashram - Yogaville®**

### **Financial Aid Application Form**

Ashram Reservation Center, Administrator  
Satchidananda Ashram—Yogaville  
108 Yogaville Way      Buckingham, VA 23921  
Tel: 434-969-3121 x179 or 111  
arc@yogaville.org

Dear Friend,

Hari OM. Greetings of peace.

Thank you for your interest in Integral Yoga programs. This letter contains information and details about financial aid eligibility, amounts and application deadlines. It is our intention to make our programs available to all earnest seekers therefore; we try to accommodate those who are in financial need. Submitting a financial aid application does not ensure that you will receive aid. The Ashram Reservation Center administrator will contact you after we have received your application.

#### **Eligibility**

For financial aid, we will consider your annual household income, personal savings and other factors in determining the amount of the scholarship we will possibly award you. If your annual household income exceeds the levels listed below, please provide additional information that elucidates your reasons for asking for assistance.

| Number of people in household | Maximum Gross Household Income |
|-------------------------------|--------------------------------|
| 1                             | \$20,000                       |
| 2                             | \$25,000                       |
| 3                             | \$31,000                       |
| 4                             | \$37,000                       |
| 5                             | \$43,000                       |

#### **Application Deadlines**

All financial aid applications must be received by 5 days prior to the start date of the program. This deadline is final. We will not consider applications submitted after this deadline. If you have any questions about the application process, please email the Ashram Reservation Center at arc@yogaville.org.

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*Please complete and attach all of the required documentation and return by email or mail to:*

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Satchidananda Ashram—Yogaville  
108 Yogaville Way Buckingham, VA 23921  
Tel: 434-969-3121 x179 or 111  
email: arc@yogaville.org

Personal Information

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

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program Information

Program you wish to take: \_\_\_\_\_

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Please Answer the following questions:

- 1) What is the total gross annual household income as reported on your most recent tax form? **Please attach a copy of your most recent tax form.**
  
- 2) How many people reside in your household?
  
- 3) How much do you think you could afford to pay for this program?
  
- 4) What are your monthly earnings?
  
- 5) How much money do you have in savings and/or other holdings?
  
- 6) Please explain any expenses, debts or other circumstances that you would like us to take into consideration:
  
- 7) If you have been furloughed during the Coronavirus Pandemic, please describe your current situation and attach along with this form documentation of your interruption in income from your place of work.

Acceptance of terms

I certify that all of the information I have provided is complete and accurate and that I have given full disclosure of my financial status. I understand that all of the information in this application will be kept strictly confidential and only used to determine my eligibility for financial aid.

This application requests personal and financial information. The content will remain confidential and not be released to anyone outside Integral Yoga without your permission. We trust that the information you have provided is complete and accurate.

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Signature

Date