

# SHANON BUFFINGTON, MS, E-RYT, RYS IN-DEPTH YOGA STUDIES

## SCHOLARSHIP APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Birthdate \_\_\_\_\_

Email \_\_\_\_\_

**Please indicate your reason(s) for applying for a scholarship.**

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**Please indicate how much you are able to pay.** \_\_\_\_\_

**Will this be made in one payment or will you need to pay per session?**

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