



MASSYOGA
NETWORK

Seva Project

Scholarship Application

Teacher Name: _____ Date: _____

Address: _____ Email: _____

Best Phone & Times to reach you: _____

Collaborating yoga center or organization: _____

Address _____

Center Contact: Name: _____ Title _____

Phone _____ Email/web address: _____

***Please attach a letter of support from the group you wish to offer services to.**

Underserved population you will serve: _____

Please describe your history with this population and the collaborating organization: _____

Please describe your motivation and hopes for bringing Yoga to this population:

What type of Yoga you will offer: Asana, Meditation, Pranayama, Philosophy.

Explain the format for your Yoga service: Where classes will be, How often, Length of class. Why do you think this plan will work? What is your plan B?

Please describe your credentials & experience as applies to offering this service: Attach resume.

***You must have insurance or covered by collaborating agency. Please attach policy.**

How will you spend the \$500: teacher salary, props, outreach, etc. _____

Outline your means of evaluating this service. Include mid-way and end-point evaluation.

You must be a member of the Mass Yoga Network: I am _____ I am ready to join _____

Are you ready to begin this service in February and end in June? _____

If you receive this scholarship, are you willing and able to meet with other grantees to share and learn from each other? _____

Thank you for applying and keep up your SEVA work.