



OM yoga center
Teacher Training

Work Study Scholarship Application Form

Please provide the following information and answer questions 1-3 on a neatly typed page. Submit this completed form with your Teacher Training Application.

Name

Address

City State Zip

Home phone

Work phone

Mobile phone

E-mail address

Fax number

Date of birth

1. Please describe the reasons you are requesting a work study scholarship position for this OM Teacher Training.
2. What skills can you offer to OM yoga center?
3. What hours are you available for Work Study?