

SoderWorld Academy of the Healing Arts
Student Application Sheet YOGA Training

Staff Interview: _____
Accepted: _____

Name: _____ Hm# _____ Cell# _____

Address: _____ City: _____ State: _____ Zip: _____

BirthDate: _____ Emergency Contact: _____ Phone: _____

Single: Married: Divorced:

of Children: _____ Ages: _____ Religious Affiliation: _____

Social Security # _____ - _____ - _____ DLICENSE # _____ State: _____
(needed for financing/citizenship purposes)

E-mail Address: _____ How did you hear about us: _____

Education:

High School graduated from: _____ City, State: _____

Year Graduated _____ If no, do you have your G.E.D. _____

(please provide a copy of your transcript, diploma or G.E.D)

Workshops, classes, etc. about or related to yoga, massage, meditation, & pranayama :

Have you had any previous yoga formal training: _____

School: _____ Location: _____

Employment: PRESENT

Name: _____ Address: _____

Phone: _____ Contact: _____ Start Date: _____

What sparked your interest in teaching Yoga & what are your goals for school: (can use separate paper to explain)

I am interested in being considered for a scholarship through SoderWorld
 I am interested in being considered for interest free financing through SoderWorld
List your annual Income \$ _____ Are you currently receiving government assistance? _____

Please tell us about your current circumstances and why you need financial assistance for school, please use a separate piece of paper to state why we should consider you for our financing/scholarship program.

I state the the above information is correct and that I am not a registered sex offender.

Signature: _____ Date: _____