



918 Woodland Plaza Run Fort Wayne, IN 46825

Our 100-hour Teacher Training begins on Wednesday June 6th, 2018 – August 22nd, 2018 for 12 consecutive weeks. Total cost is \$1400 or \$1200 if paid in full prior to start date. If you are accepted into the program, a deposit of \$200 is necessary to reserve your place. The training fee does not cover required texts or additional weekly classes (although a discount will be given on classes).

### **Application Process**

1. Complete the application form in its entirety including the short-answer essay questions.
2. Submit the \$200 deposit to hold your place – goes towards tuition.
3. Application due by May 15th, 2018.
4. Confirmation of acceptance or non-acceptance will be communicated via e-mail within one week of receipt of your application.

### **Applicant Information**

Date of Application:

Name:

Address:

Email:

Date of Birth:

Phone:

### **Health Information**

Are you under medical treatment for any physical condition? yes no

Are you currently pregnant or trying to get pregnant? yes no

Do you have any chronic pain, physical limitations, or disabilities? yes no

Have you had a serious illness or major surgery within the last five years? yes no

Are you under medical treatment for any psychiatric condition? yes no

Are you in recovery from an addiction? yes no

Have you ever been in a treatment program for alcohol or substance abuse? yes no

Do you currently have or have you had any of the following conditions in your lifetime?

Environmental or food allergies yes no

Respiratory conditions yes no

Heart conditions yes no

Diagnosed mental-health conditions yes no

Seizures or strokes yes no

Diabetes yes no

High blood pressure yes no

If you checked yes for any of the above questions, or if you have any other health condition that could impact your full participation in the program, please describe fully. Attach additional sheets of paper as needed.

### **Yoga Experience**

How long have you been practicing yoga?

less than 6 months

6 months – 1 year

1-2 years

2+ years

If you have practiced yoga for more than 2 years, please indicate how many years you have been practicing:

Within the past year how many times, on average, do you practice per week?

less than 2 times per week

2-3 times per week

4-7 times per week

*What style(s) of yoga do you primarily practice?*

**Essay Questions** (feel free to use additional sheets of paper for your answers)

1. Why do you want to attend this 100-hour Yoga Teacher Training program?

2. Please provide a description of your typical yoga practice, including examples of postures you practice during a typical session.

3. Weekly attendance is mandatory for 100-hour certification. Are you able to attend all 12 weekly meetings on Wednesdays from 5:30 – 10:00 PM?

4. What are your expectations for this training program and what do you hope to gain from the experience?

## **Certification Criteria**

To earn your 100-hour yoga teacher certification the following conditions must be met:

1. Attended all required weekend sessions
2. Demonstrated proficiency in the practice of asana.
3. Demonstrated an understanding of the underlying principles and practices of Yoga.
4. Demonstrated an ability to appropriately structure a yoga class and sequence asana.
5. Successfully completed all Practice Teach assignments.
6. Fulfilled all tuition commitments.

Please understand that completion of the above requirements will be assessed through a set of standards that include an attendance policy, review of homework assignments and the evaluation of practice teaching sessions. I acknowledge that all information submitted in this application is true and accurate. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the certification criteria listed above, and, should I be accepted, I understand I will be evaluated using these criteria. I understand that this program does not offer refunds or credits after the program begins.

Applicant Printed Name:

Applicant Signature:

Date: