



## 300-Hour Yoga Teacher Training Application 2023-24

**Instructions:** Please submit your application through US mail, to Pamela Meriwether at 1443 Mohawk Drive, West Columbia, SC 29169 or via email to [Pmeriwether22@gmail.com](mailto:Pmeriwether22@gmail.com). We have a rolling admissions process, so we recommend that you submit your application as soon as possible, due to limited enrollment. A minimum \$200 application fee is required to reserve your place in the training program.

### **Personal Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_

Birthdate: \_\_\_\_\_ Occupation: \_\_\_\_\_

### **Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

How did you first learn about the Sakhi Yoga School?

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**Medical History:** Attach an additional sheet if necessary.

1. How would you describe your current physical health?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Some Challenges \_\_\_\_\_

(briefly describe) \_\_\_\_\_

2. How would you describe your current mental health?

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Some Challenges \_\_\_\_\_

(briefly describe) \_\_\_\_\_

3. Please describe any injuries that may affect your ability to fully participate in the program.

\_\_\_\_\_

4. Please describe any medical conditions that may affect your ability to fully participate in the program.

\_\_\_\_\_

5. Have you had any surgeries in the past year? If so, please explain.

\_\_\_\_\_

6. Is there anything else we should know about your medical history?

\_\_\_\_\_

**Yoga Experience:**

7. Where and when did you receive your 200-hour YTT certification?

\_\_\_\_\_

8. How many days per week do you practice yoga? \_\_\_\_\_

9. Please describe your home practice? \_\_\_\_\_

\_\_\_\_\_

10. Are you currently teaching? \_\_\_\_\_ If yes, how often and where?

\_\_\_\_\_

11. Do you currently have a regular yoga teacher? \_\_\_\_\_ If yes, how often do you practice under this teacher's guidance? \_\_\_\_\_

12. Who have been, and are currently, your primary yoga teachers? \_\_\_\_\_

\_\_\_\_\_

13. What do you see as your biggest challenges in life right now?

\_\_\_\_\_

What is your intention in taking this course? What do you hope to achieve?

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14. If you did *not* graduate from the Sakhi Yoga 200-hour program, please provide a recommendation letter from one of your 200-hour program teachers. Ask them to submit the letter to Pmeriwether@sc.rr.com.
- a. Recommending teacher's name: \_\_\_\_\_
  - b. Teacher's phone number: \_\_\_\_\_
  - c. Teacher's email address: \_\_\_\_\_

### Cost Options:

- ❖ \_\_\_\_\_ **Amba Rate** - \$3800 (significantly discounted for those with reduced means)
- ❖ \_\_\_\_\_ **Kama Rate** - \$4300 (low end of the standard rate)
- ❖ \_\_\_\_\_ **Seva Rate** - \$4800 (encouraged for those who can afford to pay a little more, so we can offer assistance to those with lesser means - "pay it forward")
- ❖ \_\_\_\_\_ **Sangha Rate** - Partial scholarships offered on a rolling basis, dependent upon Seva registrations. (No application fee due for Sangha applicants, until scholarship has been awarded.)

### Payment Plans:

- ❖ \_\_\_\_\_ 1 payment in full by January 13, 2023 (most helpful if possible)
- ❖ \_\_\_\_\_ 4 equal payments (due 2/1/23, 5/1/23, 9/1/23, 12/1/23)
- ❖ \_\_\_\_\_ 12 equal payments (due the 1<sup>st</sup> of each month from 2/1/23-1/1/24)

### Details and Inclusions:

Please select one of the 4 cost options and one of the 2 payment plans you prefer, by **initialing** beside your choices above. A \$200 non-refundable application fee is due upon submission of your application, to reserve your space. This amount is deducted from your overall total payment. Accommodations during the week in residence at The Himalayan Institute are **included**, based on double or triple occupancy with shared baths. Meals, transportation, books and incidentals are **not** included.

### Please initial the following:

- \_\_\_\_\_ I will pay through cash, check, Zelle or "PayPal- Friends & family" to 803.606.8829  
**OR** \_\_\_\_\_ I will pay with credit card or PayPal- Goods & Services" with a 3% additional fee.

- \_\_\_\_\_ If paying by credit card, I hereby authorize payments, per my selected payment plan above, which will include an additional 3% fee.
  - Mastercard\_\_\_\_ Visa\_\_\_\_ American Express\_\_\_\_ Discover\_\_\_\_
  - Credit card#\_\_\_\_\_
  - Expiration Date\_\_\_\_\_ CW\_\_\_\_\_
  - Name as it appears on the card\_\_\_\_\_
  - Address\_\_\_\_\_
  - City/State\_\_\_\_\_ Zip\_\_\_\_\_
  
- \_\_\_\_\_ I understand that if I fulfill all of the requirements of this course, including class time, homework, and assessments, I will receive a graduation certificate of completion, which can be submitted to the Yoga Alliance for certification at the 500-hour level. Paying for the program and attending the classes alone does not ensure that I will pass the program.
- \_\_\_\_\_ I understand that Sakhi Yoga reserves the right to ask me to leave the program if my behavior is inappropriate, unethical or in violation of the Yoga Alliance ethical guidelines. Under such circumstances, I understand I will not receive a refund for my tuition.
- \_\_\_\_\_ I understand that I am committed to the payment schedule I selected above and promise to pay the full tuition.
- \_\_\_\_\_ I understand that if I cancel more than 14 days prior to the start of the program, my non-refundable application fee will be held for one year and can be applied to a future program. If I cancel within 14 days prior to the start of the program, I will receive a refund of tuition minus the \$200 application fee. Once the program begins, all tuition is non-refundable.
- \_\_\_\_\_ I have read and accept the above terms and requirements.

Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

