



300 (500)-Hour Yoga Teacher Training Application 2022-23

Instructions: Please mail, or email your application to Pamela Meriwether at 1443 Mohawk Drive, West Columbia, SC 29169 or 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 deposit (\$50 non-refundable) 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: _____

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?

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

15. 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: _____

Payment information:

A \$200 non-refundable deposit is due upon your acceptance into the program in order to reserve your space. Cash, check, Zelle and "PayPal- friends & family" are accepted. Credit card and "PayPal- Goods & Services" payments are also accepted with an additional 3% fee. Please select 1 of the 4 payment rates, by initialing beside your choices below.

Payment Rates:

- 1. _____ **Amba Rate** - \$3800 (significantly discounted for those with reduced means)
- 2. _____ **Kama Rate** - \$4250 (low end of the standard rate)
- 3. _____ **Seva Rate** - \$4700 (encouraged for those who can afford to pay a little more so we can offer assistance to those with lesser means)
- 4. _____ **Sangha Rate** - Partial scholarships offered on a rolling basis, dependent on Seva registrations.

Details and Inclusions

- ❖ A **\$200 non-refundable application fee** will hold your spot and be deducted from your total.
- ❖ Cash, check, Zelle and "PayPal: *Friends & Family*" payments (to 803.606.8829) are accepted, with no additional fees.
- ❖ Credit card or "PayPal: *Services*" payments are accepted, with a 3% fee added to the total.
- ❖ Four Desires Workbook and Sakhi Manual are included.
- ❖ Accommodations during the week in residence at The Himalayan Institute are **included**, based on double occupancy with shared baths.
- ❖ Meals, transportation to and from the institute, books and incidentals are **not** included.

Please initial the following:

- _____ If paying by Credit Card or PayPal Goods and Services, I understand there is an additional 3% fee.
- _____ 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 deposit 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 \$50 non-refundable administrative fee. Once the program begins, all tuition is non-refundable.
- _____ I have read and accept the above terms and requirements.

Print name: _____ Date: _____

Signature: _____