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| MOSAIC YOGA & WELLNESS CENTER  200HR Yoga Teacher Training Application |  |

Along with this application form, please submit the following:

* Letter of Recommendation: One letter of recommendation from a family member or friend who supports your journey on the yogic path.
* Application Fee: A $100 application fee holds your place in the training; those not accepted into the course will be given a full refund.

Please feel free to use another sheet of paper if you need more room to write your answers. Upon receipt of completed application, we will contact you to set up a personal phone or live interview.

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| Applicant Information | | | | | | | | | | | | | | | | | | |
| Last Name | |  | | | | | | First |  | | | | M.I. | | Date | |  | |
| Street Address | | |  | | | | | | | | | | Apartment/Unit # | | | |  | |
| City |  | | | | | | | State |  | | | | ZIP |  | | | | |
| Phone |  | | | | | | | E-mail Address | |  | | | | | | | | |
| Date of Birth | | |  | | |  | | |  | | |  | | |  | | | |
| Occupation | | | |  | | | | | | | | | | | | | | |
| Do you Smoke? | | | | | YES | | NO | | Received High School Diploma or GED? | | | | | | | YES | | NO |
| How long have you been practicing Yoga? | | | | |  | |  | |  | |  | | | | | | | |
| Do you currently teach yoga now? | | | | | YES | | NO | | If yes, where & what style? | |  | | | | | | | |

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| why do you want to take a Yoga Teacher Training program? |
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| What is your yoga EXPERIENCE/background? What teachers have influenced you? |
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| Why do you want to participate in Mosaic Yoga’s 200hr YTT program? What do you hope to learn, Gain, or improve? |
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| Describe your health (physical/emotional/mental), including injuries & mEDICATIONS: |
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| Have you studied Ayurveda, Eastern systems or Philosophy? Explain: |
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| Describe your religeous beliefs: |
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| What are your hobbies, passions, AND INTERESTS: |
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| OTHER MAJOR COMMITMENTS? ANYTHING THAT MAY PREVENT YOU FROM FULLY PARTICIPATING IN THE PROGRAM? |
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| SELF-PRACTICE VS. CLASS WITH TRAINED TEACHER - HOW WOULD YOU COMPARE THEM? |
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| ARE YOU WILLING TO MAINTAIN A MINIMUM 15-20 MINUTE DAILY PRACTICE TO BECOME A CERTIFIED TEACHER? YES  NO  PLEASE EXPLAIN: |
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| PLEASE MENTION ANY INTERESTING THINGS WE MIGHT LIKE TO KNOW ABOUT YOU. |
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| EMERGENCY CONTACT: |
| NAME, RELATIONSHIP, PHONE |

I have read, understood and accepted the terms and conditions for application, admission and participation in the Mosaic Yoga & Wellness Center’s Teacher Training Program as outlined in the 200 Hour YTT Program Catalog and Code of Ethics.

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| pRINTED nAME | aPPLICANT Signature |
|  |  |
|  | Date |