

Awakened Heart School

Foundations Course 1 , 2011-2012

Application Form

Name _____

Address _____

City _____ State _____ Zip _____

Telephone/s _____ Fax _____

Email _____

Date of Birth _____

Questions: please use a separate sheet for your answers to the following questions. All applications are kept confidential and are only read by the facilitators.

1. How did you learn of the Awakened Heart School?
2. What has attracted you to take this training and what are you seeking through doing this training? Please describe any goals, expectations, and current themes of engagement you bring to this work.
3. Please tell us about your educational, religious, and spiritual background. Include information about any psychotherapy, growth work, or spiritual training you have done.
4. Please tell us about your talents, skills, interests, and special experience.
5. Briefly describe your childhood, family background, and significant life experiences.
6. Please give us any pertinent information about your physical or mental health.

Please send your application to:
The Awakened Heart School
26 First Street, Albany, NY 12210

If you have any other questions please call:(518) 432-0849 or
e-mail: info@awakenedheartschool.com or awakenedheart101@aol.com . Applications can also be sent via e-mail. Upon receipt of your application you will be contacted for a personal interview.