



Sakhi Yoga 300-Hour Teacher Training Application 2022-2023

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 application 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?

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?

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 2, 2022 (most helpful if possible)
- ❖ _____ 4 equal payments (due 01/22/22, 04/22/22, 07/22/22, 10/22/22)
- ❖ _____ 14 equal payments (due the 22nd of each month from 01/22/22-02/22/23)

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. 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- 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: _____