

**Bhavana Institute for Yoga and Ayurveda
Application for Admission**

For Office Use Only: Date received _____ Application completed & signed _____ \$50 Fee received _____ Application approved _____ Acceptance letter sent _____
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**Please fill in the following and submit with required documentation and \$50 application fee to:
Bhavana Institute, 140 North LaGrange Road Suite 17, LaGrange, IL 60525**

Name (last) _____ (first) _____ (MI) _____

Other names which may appear on documentation _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone (day) _____ (eve) _____

Email address _____

Birth date _____ Male _____ Female _____

Current Occupation _____

Emergency Contact _____ Phone Number _____

Program to which you are applying:

- Ayurveda Educator Ayurveda Practitioner Yoga Teacher Training

How did you hear about our programs?

Education:

Do you have a high school diploma or GED equivalency? _____

College or other post-secondary training programs. Please list Name, degree if applicable, and years of attendance.

On a separate sheet of paper, please describe any health conditions that may impact your participation in any program. (Anything that you have checked yes for.)

1. Do you have or have you been diagnosed with any learning disabilities? Yes No

2. Are you under medical treatment for any physical or psychological condition? Yes No

3. Are you currently pregnant or trying to get pregnant? Yes No

4. Do you have any physical limitations due to injury or disability? Yes No

On a separate sheet of paper please describe your interest in enrolling in a program, including your personal and professional goals. Describe your personal experience with Ayurveda or Yoga. What are your expectations for these programs? You can also include anything you would like us to know about you.

Signature _____ Date _____