

Application

Instructions:

- 1) Please type or print clearly, completing all information.
- 2) Please submit with your application and **non-refundable application fee** a short essay, 1-3 pages, as to what has drawn you to be a part of this seminary class and what your hopes are for this experience.
- 3) If new to Tree of Life, please submit a 4x6 headshot photo of yourself for our records.
- 4) After receipt of all application materials, we will review your application and you will be contacted by a member of our staff to schedule an interview which can be conducted by telephone or in person.
- 5) Mail Application packet to: Tree of Life School for Sacred Living, 5 Northern Blvd, Unit 8, Amherst, NH 03031 or email application to amyb@treeoflifenh.com and forward essay, photo and application fee separately to address above.
- 6) Application available to download at <http://www.tolinterfaithtemple.org>

APPLICATION FEE:

EARLY REGISTRATION: RECEIVED BY JUNE 1ST, \$75

REGULAR REGISTRATION: SUBMITTED AFTER JUNE 1ST, \$95

Payable by check or money order to The Tree of Life School for Sacred Living, LLC.

Completed application must be received by our office by Monday, Aug. 30, 2010.

The extended deadline date for *non-local applications* is Friday, Sept. 3, 2010.

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

OCCUPATION _____

BIRTHDATE: MONTH _____ DAY _____ YEAR (optional) _____

I WISH TO PARTICIPATE IN THE FOLLOWING CLASS FORMAT:

Option 1 - Monthly Workshop Format meeting 4th Saturday of each month, 9 a.m. – 5 p.m. _____

Option 2 - Three and a Half Days Workshop Format meeting 3 times a year. 6 p.m. – 9 p.m. first day, 9 a.m. – 5 p.m. 3 following days. Sept., Jan., & May of each year. ____

PAYMENT: I WISH TO PAY:

IN FULL by September 1ST ____ \$3,200.00

4 EQUAL PAYMENTS OF \$840 in Sept., & Jan. of Each Year: ____

8 EQUAL PAYMENTS OF \$440 in Sept., Nov., Jan., & Mar. of Each Year: ____

LETTERS OF RECOMMENDATION:

I have enclosed, or will forward, letters of recommendation from the following:

Personal Reference: _____(Name)

_____(Address)

_____(Phone)

Professional Reference: _____(Name)

_____(Address)

_____(Phone)

1) HOW DID YOU LEARN ABOUT THE TREE OF LIFE INTERFAITH SEMINARY PROGRAM?

2) HOW HAS YOUR EXPERIENCE WITH PERSONAL GROWTH WORK (COUNSELING/THERAPY, SPIRITUAL PRACTICE, ETC.) SUPPORTED YOUR LIFE AND SPIRITUAL GROWTH? (PLEASE ATTACH AN EXTRA SHEET IF NECESSARY)

3) PLEASE ATTACH A RESUME OR DESCRIPTION OF YOUR WORK AND EDUCATIONAL HISTORY

4) HAVE YOU EVER BEEN FOUND GUILTY OF ANY FELONY CHARGES OR ETHICAL VIOLATIONS, OR ARE THERE ANY SUCH CHARGES PENDING AGAINST YOU?

____ NO ____ YES (If you answered Yes to question 5, you must attach an additional sheet explaining the circumstances in order to be considered for admission.)

Thank You!

