

Application Form

Soma Matha Ayurvedika Vaidya Upadesham (Soma Matha Ayurvedic Practitioner Training)

Basic Information *Please read through the application before clearly printing on this form. Your answers are confidential. Incomplete or incorrect answers are grounds for rejection of this application.*

Applicant's Name _____	Applicant's age _____
Date _____	Applicant's Address _____
State / Province _____	Country _____ Postal / Zip Code _____
Phone _____	cell phone / or best daytime phone _____
Email _____	
Emergency Contact: Name _____	Relation _____
Phone _____	Address _____

Background Information

Astrological Data:	
Date of Birth _____	City of Birth _____
Country of Birth _____	Time of Birth (as close as possible) _____ AM PM
Are you fairly certain that this time is precise? Yes ___ No ___	
Please elaborate upon your source for your time of birth _____	
What color comes to mind as you think about application to our program? _____	

Other Back Ground Information:

Are you a US citizen? Yes ___ No ___
If not a US citizen, please explain your US residency status _____
Is English your primary Language? Yes ___ No ___
Do you read and write at a minimum of a 12 th grade reading level? Yes ___ No ___
Do you have any serious medical conditions? Yes ___ No ___
If so, please describe _____
Do you have any medical conditions requiring medication? Yes ___ No ___
List all medications, herbs, or supplements you are take. _____
Have you ever been hospitalized? Yes ___ No ___
If so, please Elaborate: _____
Have you ever suffered a traumatic injury, violent attack, or sexual abuse? Yes ___ No ___
If so, have you received counseling to help process this experience? Yes ___ No ___
Please describe briefly the nature of the aforementioned trauma. _____
Have you ever been diagnosed with a mental illness? Yes ___ No ___
If so please state the diagnosis: _____
Have you ever been convicted of a felony or misdemeanor? Yes ___ No ___
If so, please elaborate. _____
Do you use drugs or narcotics? Yes ___ No ___ Do you drink alcohol? Y ___ N ___
Do you drink coffee or tea? Y ___ N ___ Do you smoke cigarettes? Y ___ N ___
Do you have any addictions? Y ___ N ___ If Y, List Addiction _____

Marital Status:

Please check all which apply: Celibate ___ Single ___

Dating (not in committed relationship) ___ Dating (in committed monogamous relationship) ___

Engaged ___ Married ___ Separated ___ Divorced Widow / Widower ___

Have you or your partner ever engaged in an affair? Y ___ N ___ Are you happy in your current relationship? Y ___ N ___

Is your relationship with you mother good? Y ___ N ___ And your father? Y ___ N ___

Do you have any Gurus or Spiritual Teachers working with you? Y ___ N ___

Please list names, nature of their relationship to you, website, and phone (if applicable) for all Gurus or spiritual teachers you are currently working with, or have worked w/ in the past 5 years.

Education

What is the highest level of education you have completed? Select one or more:

Less than High school diploma ___ High School Diploma ___ 2-year Associates Degree ___

Bachelors Degree ___ Masters Degree ___ Doctorate ___ Vocational / or Other Degree ___

Please list the various degrees which you hold along with the Institution which issued them (not including high school degree or equivalency) _____

Employment

Have you worked in the fields of Healing or Yoga? Yes ___ No ___

Please elaborate upon this work.

List positions of employment you have held in the past five years.

Job title _____ Approximate dates of occupation _____ Contact # _____

Job title _____ Approximate dates of occupation _____ Contact # _____

Job title _____ Approximate dates of occupation _____ Contact # _____

Job title _____ Approximate dates of occupation _____ Contact # _____

Job title _____ Approximate dates of occupation _____ Contact # _____

List any other positions of employment you have held (optional).

Job title _____ Approximate dates of occupation _____ Contact # _____

Job title _____ Approximate dates of occupation _____ Contact # _____

Job title _____ Approximate dates of occupation _____ Contact # _____

Please list your average annual income for the past five years. _____

Please list your annual income for the past year. _____

How do you plan to pay for tuition and other fees? _____

Are you interested in work study opportunities? Yes ___ No ___

Note: If tuition payment is dependent upon work study participation a work student application must be submitted along with this application. More information about our work-study opportunities may be requested by emailing somamatha1@gmail.com

Have you read and understood the school's code of conduct for students? Y __ N __

Have you read and understood the school's academic code? Y __ N __

Do you understand that any information which has been intentionally falsified, omitted, or misrepresented on this application is grounds for immediate disqualification? Y __ N __

By signing this application you solemnly swear that all information presented here is true and complete to the best of your knowledge; that you understand that this application will be accepted or rejected at the sole discretion of the school after review and interview; that you agree, if accepted by the school to live by the strict ethical and academic standards of the school and have willingly sought admission to the school with knowledge of these standards of self-betterment; and by signing you consent to the school contacting any people, references, teachers, employers, and schools listed in reference to this application.

Please have this signature notarized:

Date _____

Applicant Signature _____

Date _____

Witness _____

How did you hear about this program?

What do you hope to receive from this program?

Do you plan to work in the field of Ayurveda?

Why do you feel drawn to a program with such a high academic and ethical standard?

Do you feel open to working to openly evaluating your strengths and weaknesses concerning the practice of the yamas and niyamas with your practicum advisor?

Which of the 10 Yamas and Niyamas listed in the schools code of conduct do you feel like you have difficulty with and you need to work on?

Do you feel open to performing spiritual practices recommended by your practicum advisor for bettering your practice of each of the yamas and niyamas?

Have you met Swamiji?

Have you been taught or initiated by any other spiritual teacher, teachers, lineage, or spiritual organization?

Please include any additional information you would like to present, if desired?

Essay:

Please send with this application an essay no less than 2 pages and no more than three pages in length describing the reasons for your inspiration to apply to this program.

This application should be mailed to Soma Matha (address bellow) along with completed essay, one current photograph, and a check or money order for \$50 made out to "Soma Matha." This \$50 dollar application fee is non-refundable and pays for the processing of the application. Once applications have been received, applicants will be informed via email that the review of their application has begun. Upon completion of the review of written applications applicants will be contacted via telephone to schedule an interview. Virginia residents will be required to attend interviews in person. Non-Virginia residents may be able to conduct their interview via skype. Once interview has been scheduled the applicant will be expected to punctually attend the interview without exception. Cancellation of a scheduled interview, failure to attend, or tardiness will result in rejection of the application. Applicants whose applications are rejected for any reason may reapply with a limit of two applications per academic year and a limit of four applications in total.

Questions about this application should be addressed to the email or phone contacts bellow:



**Shri Shuklabhadra
Soma Gurukulam**

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Website: www.somamatha.com