

Ayurveda Self Health Care Program

PROGRAM APPLICATION

Thank you for your interest in the 200 hour Ayurveda program, “Ayurveda for Self Health Care” as per the Guidelines of various training models of Ayurvedic Education for Foreign Countries by Government of India (Ministry of Health & Family Welfare, Department of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (AYUSH). Benchmark of World Health Organization (WHO), accredited and recognized by Association of Ayurvedic Professionals of Northern America (AAPNA), conducted by Dr. Indu Arora (Director, Yogsadhna LLC) at various locations worldwide.



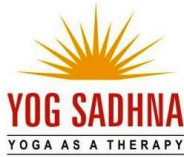
We rely on information provided in this application to make informed decisions about your capacity to fully participate in and benefit from all aspects of the program. Please answer the questions honestly and completely. Providing inaccurate or incomplete information may result in no acceptance or removal from the program.

APPLICATION PROCESS

Admission to the program is determined on a rolling basis. We strongly recommend that applicants submit applications as soon as possible.

To apply to the Ayurvedic Self Health Care ~ *Ayurvedic Parichay* please do the following:

- 1) Review information on program dates, costs, faculty, curriculum, and general information about Yogsadhna at www.yogsadhna.com and about the location where the course will be held please log on our website www.tribalance.com
- 2) Complete the attached program application in its entirety, including the short-answer questions. Incomplete applications will not be reviewed.
- 3) Submit the \$100 application-processing fee by check or credit card. Checks can be made payable to “TriBalance Yoga.” If you prefer to make a payment by credit card, please call TriBalance at (847) 301-7305 or visit the studio with your completed application.
- 4) Wait for a letter from TriBalance or Yogsadhna clarifying our admissions decision. This letter should arrive by e-mail within two weeks of the date of receipt of your application. If you do not have an e-mail address, we will call you to inform you of your status. The TriBalance Yoga Center and Yogsadhna reserve the right to also require a phone interview if deemed necessary to arrive at an admissions decision.



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OBJECTIVE

The sole objective of the training is to make provisions to provide information on holistic approach of Ayurveda to all such persons who wish to learn Ayurveda for self health care as foundation course for the advanced courses in Ayurveda.

ADMISSIONS CRITERIA

- 1) General requirements: You must be at least 18 years of age, demonstrate English-language competency, and have received a high school diploma or GED.
- 2) Prior coursework/training: For 200-hour level certification applicants, you must complete all the three modules with minimum 75 % of attendance in theory classes.
- 3) Physical, mental, and emotional preparedness: The intensive nature of the program is physically, mentally, and emotionally demanding. To be admitted to this Ayurveda Training, you must demonstrate medical and mental health readiness to fully participate in the demands of the curriculum. Additionally, an applicant may be denied if it is determined that his/her participation would in any way jeopardize a safe and cohesive learning environment. TriBalance Yoga Center and Yogsadhna administrative office may request additional documentation and/or clinical evaluations to evaluate medical and/or mental-health preparedness.

Location: TriBalance Yoga, Schaumburg, IL

Main Faculty: Dr. Indu Arora of YOGSADHNA LLC

****Visiting Faculty:** Dr. Ashlesha Raut (Secretary AAPNA, Ayurvedic Physician)

Approximate Details of Program:

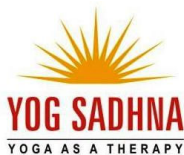
- Study Hours: 135 hours
- 60 hours: Practical and Self Study, & Conference calls
- 5 Hours: Examination and Graduation Ceremony
- Participants who pass the test will receive certificate at the graduation ceremony
Students will receive student membership certificate the AAPNA on the first week of the course
- Participants will receive the audio recording of all the sessions free as a reference material
- Students are financially responsible for all other books/ study material required as part of the program.

Please either mail, email, or bring your completed application to:

YOGSADHNA LLC
TRIBALANCE YOGA

(847) 301-7305

www.yogsadhna.com
www.tribalance.com



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Tribalance Center
1102A S Roselle Rd
Schaumburg, IL, 60193
Email: info@tribalance.com

Date of application _____

Date received (for office use) _____

PERSONAL INFORMATION

First name _____ Last name _____ Middle initial _____

Name you prefer to be called _____

Date of birth ____ / ____ / ____ Age _____ Gender _____

Current street address _____

City _____ State _____ Zip code _____

Permanent street address _____

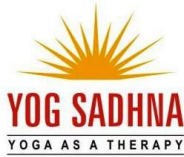
City _____ State _____ Zip code _____

Day phone _____ Evening phone _____

Cell phone _____ E-mail _____

Tribalance Center and Yogsadhna does not discriminate in its admissions process based on race or ethnicity. In order to assess the effectiveness of our outreach efforts, please check your racial/ethnic background (optional):

- White/Caucasian Black/African American Hispanic/Latino
- Asian/Asian American Native American/Amerindian
- Multiracial (please specify) Other (please specify) _____



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EMERGENCY CONTACT

First name _____ Last name _____

Relationship to you _____

Street address _____

City _____ State _____ Zip code _____

Day phone _____ Evening phone _____

Cell phone _____ E-mail _____

EDUCATION

Have you received a high school diploma or GED? Yes No

Advanced degree (please describe):

Please list schools attended, dates, and degrees obtained:

Please include a copy of your GED or diploma of highest degree completed with your application.

WORK

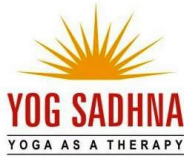
Current occupation(s) _____ Number of years _____

Past occupation(s) _____ Number of years _____

**Include official transcripts of above courses with your application.

PRIOR COURSEWORK/TRAINING

Please list any previous Ayurvedic coursework or training you have had:



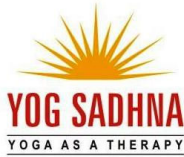
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Please answer the following question (attach an extra sheet of paper, if necessary):

1. Explain your interest in Ayurveda, including your personal and professional goals within the field.

2. Describe your knowledge of Ayurvedic philosophy and practice, including any personal experience with Ayurveda.

3. Describe your personal experience with yoga philosophy and practice, including a description of your yoga practice if you have one.



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STUDENT PAYMENT PLAN

Ayurvedic Immersion: *Ayurvedic Parichay* ~ Ayurveda for Self-Health Care (200 Hrs)

Tuition after March 1st 2012: \$2,300

Tuition before March 1st 2012: \$2,100

Application Fee: \$100 (due at the time of application)

Payment Options

- Option A: Payment of entire tuition of \$2,100 prior to the March 2012 (please see refund policy)
- Option B: Payment of \$1,100 non-refundable deposit is due at the time of registration. The \$1,200 balance will be split up into equal monthly payments of \$300 for 4 months for a total tuition cost of \$1,200.

Other Fees

Late Payment Fee (for installment payments) \$25

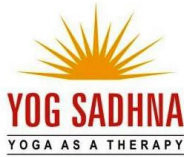
Returned Check Fee \$35

Monthly payments are due before the 5th of the month. A \$25 late charge will apply to all payments made after the 5th. TriBalance Yoga Center and/ or Yogsadhna do not offer state or federal financial aid or educational loans.

* Payments can be made in cash, check or by credit card, TriBalance Yoga Center must have a credit card # on file for you if you wish to have a payment plan as we will be charging your credit card each month for the agreed upon amount.

Application Check List

- Complete and sign admissions application
- Include a copy of diploma of highest education completed or GED
- Submit non-refundable application fee of \$100 (one hundred dollars) by check, payable to TriBalance Yoga Center or call (847) 301-7305 to pay by credit card



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LEGAL TERMS

This agreement is a legally binding instrument when signed by the student and accepted by the school. Your signature on this agreement acknowledges that you have been given reasonable time to read and understand it and that, you have been given:

- a) A written statement of the refund policy including examples of how it applies and
- b) A detailed information including a description of the course or educational service, including all the material facts concerning the school and the program or course of instructions which are likely to affect your decision to enroll.

REFUND POLICY

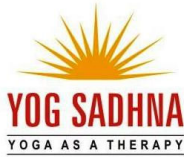
1. A 90 % refund is possible if the application of refund is submitted at least 15 days prior to the beginning of the course.
2. A 75 % refund shall be granted if the application is submitted at least 7 days prior to the beginning of the course
3. A 50 % refund shall be granted if the application is submitted at least 7 days prior to the beginning of the course
4. The course registration fee of \$ 100 is non-refundable.

* Immediately upon signing this agreement, you will be given a copy to retain.

I, the undersigned, have read and understand this agreement and acknowledge receipt of a copy. It is further understood and agreed that this agreement supersedes all prior or contemporaneous verbal or written agreements and may not be modified without the written agreement of the student and the school official. I also understand that if I default upon this agreement I will be responsible for payment of any collection fees or attorney fees incurred by TriBalance Yoga Center and/ or Yogsadhna LLC.

I certify and understand that I am responsible for all fees, charges, and services that I am applying for, and that I am obligated to pay for the Ayurvedic Immersion Lifestyle Counselor course (\$2,100). This number may be greater if I choose to make installment payments (please refer to the Tuition & Fees portion of this application) or if I register later. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the TriBalance Center's cancellation and refund policies have been clearly explained to me.

I also understand and agree that TriBalance Yoga Center and/or Yogsadhna LLC are not responsible for the actions of students and graduates in their Ayurvedic career. I understand and agree that TriBalance Yoga Center and/ or Yogsadhna LLC does not guarantee employment or take responsibility for employment or a career in the field of



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Ayurveda, or any other health related field, upon completion of the course. I certify that all the information on this application is true and correct.

I understand that any false or misleading information will void this application.

Student Name

Student Signature

Date

School Official Signature

Date