



Ananda Institute of Living Yoga

"Where Yoga Comes to Life"

APPLICATION – MEDITATION TEACHER TRAINING

Thank you for your interest in the Institute's programs! Please complete this Application and send or deliver it to us with your \$50 Application fee.¹ After reviewing the Application, we will call, email, and/or meet with you to determine the next step. Our purpose in collecting this information is to determine the feasibility of your participation and ability to complete the program, taking into account your other commitments, general health, and financial ability. All information is confidential.

Meditation practice: You should have already established a personal practice of meditation for a period of at least one year. While this is minimum, you should be aware that on average with three to five years of consistent meditation practice you will benefit more from this program and likely have more to offer potential meditation students in the future. Additionally, a personal meditation practice is one that is daily, preferably twice daily, no less than forty-five minutes per day, but preferably at least an hour and a half daily (whether in one or two sessions). Although recommended, it is not necessary that you have a hatha yoga (postures) practice and habit.

Prerequisite course: The raja segment of the Raja Yoga Intensive is a prerequisite to taking the Meditation Training at the Ananda Institute. It is shown in the Institute curriculum information or on the Ananda Seattle website (www.AnandaSeattle.org). Special fees apply to this course for Institute students.

So, if you're ready, let us begin! (PLEASE PRINT!)

Name & Address:

Name	
Friends call me	
Street address	
City, State	
Zip	

Phones

Home: () ____ - ____ Best Times: _____
 Work: () ____ - ____ Best Times: _____
 Cell: () ____ - ____ Best Times: _____

Email:

Primary _____@_____
 Other: _____@_____

¹ Application fee is nonrefundable.

Your Interest in the Institute

Please describe your interests or goals in enrolling in the Meditation Teacher Training:

When would you expect to begin classes? _____

Your Current Life Responsibilities

1) Describe your current work commitments, duties, full-time, part-time, weekly schedule, and other relevant time or responsibility commitments.

2) Which best describes your life at this time?

_____ Student _____ Full time Career _____ at home parent
_____ Part time work _____ Transition _____ Retired

3) If you are a parent of minor children, describe how you will juggle evening classes (Tuesday-Thursday, one to two nights per week) with parenting duties?

4) Describe any travel commitments you can foresee during the period of enrollment in the Meditation Teacher Training program:

5) Do you have a car for attending classes at the Institute? _____
If not, please explain how you might obtain transportation:

Your Health

MEDICAL INFORMATION

All responses are confidential. We use this information only to better assist you during the program, not to screen participants (unless participation would be medically inadvisable). Attach additional sheets if necessary.

Name _____ Date of Birth _____

Briefly describe your current overall health

Describe any history (include dates) of back/spine/neck problems, and indicate whether they still give you problems. *Please be specific.*

Describe any history (include dates) of joint problems (knee, hip, shoulder, wrist, ankle, etc.), including joint repair/replacement surgeries. *Please be specific.*

Blood Pressure (circle one) **High** / **Low** / **Normal**. When was it last checked?

Describe any history of cardiovascular problems. If you don't have any cardiovascular problems but are considered to be "at risk", then please indicate this as well.

Circle any of the following difficulties you have had (or have) and explain the relevant specifics: **Diabetes** / **Osteoporosis-Osteopenia** / **Chronic headaches** / **Ulcers** / **Stroke** / **Seizures** / **Allergies** / **Asthma** / **Cancer** / **Frequent Dizziness** / **Other**

Women: are you pregnant? **Yes** / **No**. If so, when is your baby due?

Do you have any other limitations, dietary restrictions, or health concerns? If so, please explain.

Are you currently seeing a physician or a therapist for any physical or psychological conditions? **Yes / No**. If yes, what conditions?

If you have any learning disabilities, or other special physical or psychological circumstance, please explain below so we can better serve you during the program.

Please indicate any medications that you are taking on an ongoing basis that might interfere with your physical balance, wakefulness, ability to concentrate, or mental clarity.

Are you taking any medications for insomnia, depression, bi-polar, anxiety, or other such conditions? Please explain.

Please note:

Although the practice of yoga and meditation has been shown to have important physical and mental health benefits, such practices are not to be viewed as a substitute for professional medical treatment, supervision, or counsel. We caution students not to discontinue prescribed medications, treatments, or medical supervision during enrollment in the Institute. It is specifically a condition of attendance at the Institute that students be physically and mentally able to participate, respectful of all, and actively calm.

Yoga, You, & More!

Please Tell us About Your Yoga Practice (yoga practice not required)

How long have you been practicing hatha yoga?

Which tradition(s) or style(s)?

How many days per week do you practice, and how long each day?

How many months/years have you been practicing this much?

Have you practiced Ananda Yoga? **Yes**__ / **No** __

If Yes, how much or for how long?

Please Tell us About Your Meditation Practice

Do you practice meditation regularly? **Yes**__ / **No** __

How many days per week do you practice, and how long each day?

Which tradition(s) or techniques(s)?

How many months/years have you been practicing this much?

What might you share with us about your intention to teach meditation? Why? To whom? Where? Etc. _____

Is there anything about your spiritual journey you would like to share? [religious upbringing, if any; other spiritual trainings or studies; etc.]

What other aspects of your life might you wish to share? [place of birth, education, hobbies, sports, talents, interests, languages, past jobs, extent of travels]
