

#### PROGRAM APPLICATION

Thank you for your interest in our Ayurveda Training Program based on 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) recognized by Association of Ayurvedic Professionals of Northern America (AAPNA), conducted by Vaidya Ashlesha Raut and Poonam Gupta

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 non acceptance or removal from the program.

#### **APPLICATION PROCESS**

We strongly recommend that applicants submit applications as soon as possible to ensure that they fulfill all pre-requisites.

Review information on program dates, costs, faculty and curriculum.

Complete the attached program application in its entirety. Incomplete applications will not be reviewed.

Submit the \$100.00 application-processing fee by check or credit card. Checks can be made payable to "Yoga Gyan Jyoti".

Wait for an e-letter of admission or a phone call from our Ayurveda Department regarding your acceptance into the program. This letter should arrive by e-mail within two weeks of the date of receipt of your application. If you do not receive such confirmation within two weeks of submission of your application please give us a call. Yoga Gyan Jyoti Center may also require a phone interview if deemed necessary to arrive at an admissions decision.



#### **ADMISSIONS CRITERIA**

- 1) **General requirements:** You must be at least 18 years of age, demonstrate Englishlanguage proficiency, and have received a high school diploma or GED.
- 2) **Computer Proficiency:** The participant must have access to a computer and an email account. A degree of comfort in using these tools is imperative to the completion of the training.
- 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 readiness to fully participate in the program. 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. The Yoga Gyan Jyoti Center administrative office may request additional documentation and/or clinical evaluations to evaluate medical and/or mental-health preparedness.
- 4) **Ayurvedic consultation:** A consultation must be conducted with one of the faculty members.

**Location:** Universal Spirit Yoga , 408 W 5<sup>th</sup> Ave. Naperville, IL 60563

### **Main Faculty:**

Dr. Ashlesha Raut, Ayurvedic Physician Poonam Gupta Eryt 500, RPYT, Ayurvedic Practitioner

#### Please mail your completed application to:

Yogateacher.gupta@gmail.com

Or

Yoga Gyan Jyoti Center for Yoga and Ayurveda, 408 W 5<sup>th</sup> Ave. Naperville, IL 60563

ATTN: Administrative Department



Date of application: Date F	Received (for of	fice use):
PERSONAL INFORMATION		
First Name: Last Name: _		Middle Initial:
Name you prefer to be called:		
Date of Birth:	_ Age:	Gender:
Current Street Address:		Apt/Unit #:
City:Sta	ate:	Zip code:
Home Phone:	_ Work phone:	
Cell phone: E-mail	:	
In order to assess the effectiveness of racial/ethnic background (optional):	our outreach	efforts, please check your
White/Caucasian		
Black/African American		
Hispanic/Latino		
Asian/Asian American		
Native American/Amerindian	1	
Multiracial (please specify): _		
Other (please specify):		



## **EMERGENCY CONTACT**

First Name:	_ Last Name:	Middle Initial:	
Relationship to You:			
Street Address:		Apt/Unit #:	
City:	State:	Zip code:	
Home Phone:	Work ph	one:	
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:			
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<sup>\*</sup>Please include a copy of your GED or diploma of highest degree completed with your application.



## <u>WORK</u>

Current occupation(s):	Number of years:
Past occupation(s):	Number of years:
9	Number of years:
	Number of years:
PRIOR COURSEWORK/TRAINING	
Please list any previous Ayurvedic Coursework or T	raining you have had:



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.



## **STUDENT PAYMENT PLAN**

STODE IT I ATTOLETE I LAIV		
Please choose a payment plan	that fits your budget:	
Full Payment at	t the start of program \$4	650.00
Monthly Payme	ent Plan \$500.00 for 10 n	nonths
OTHER FEES		
<ul> <li>Application Fee: \$100.</li> <li>Late Payment Fee \$25.</li> <li>Returned Check Fee \$3</li> <li>Credit card processing</li> </ul>	35.00	plication)
Monthly payments are due to apply to all payments made af		month. A \$25.00 late charge will
CREDIT CARD AUTHORIZATIO	<u>N</u>	
Name on Card:		
		M.I Apt/Unit #:
City:	State:	Zip code:
Card Type: Visa Ma	sterCard American	ı Express
Card Details:	Number	Exp. Date
CVC Code:		
Payment Start Date:	Payment	End Date:
Frequency: One-Time (Fu	ıll Payment) 🔲 Month	ıly



udent Signature:	Date:	_



## **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 \$100.00 by check, payable to "Yoga Gyan Jyoti"

### **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 for refund is submitted in writing prior to the beginning of the course.
- 2. A 75% refund shall be granted if the application for refund is submitted at least two days after the start date of the course
- 3. A 25% refund shall be granted if the application for refund is submitted within the first 10 days of the beginning of the course
- 4. No refunds are granted ten days after the start of the course.
- 5. The course registration fee of \$100.00 is non-refundable.



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 Yoga Gyan Jyoti Center doing business as Universal Spirit Yoga

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 Ayurveda Program. My signature below certifies that I have read, understood, and agreed to my rights and responsibilities, and that the Yoga Gyan Jyoti Center's cancellation and refund policies have been clearly explained to me.

I also understand and agree that Yoga Gyan Jyoti Center for Yoga and Ayurveda LLC doing business as Universal Spirit Yoga is not responsible for the actions of students and graduates in their Ayurvedic career. I understand and agree that said does not take responsibility for employment or a career in the field of 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.

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Student Name	Student Signature	Date
 School Official Signature		Date
School Official Signature		Date