



MEDITATION FACILITATOR TRAINING APPLICATION FORM

CONTACT INFORMATION

Name _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Occupation: _____

Email Address: _____

Emergency Contact (name, number): _____

Scholarships are available! We welcome you to reach out, nobody will be turned away for lack of funds. For more information, please email ealtmanphd@gmail.com

Please answer all questions.

1. How did you hear about our Facilitator Training Program?

2. Why are you interested in this training program?

3. List any previous meditation trainings. (Dates, styles, teachers)

mindful heart

PROGRAMS

4. Please list previous meditation experience (length of time, specific teachers, styles of meditation, experience with meditation).

5. How long have you been practicing and how often do you practice?

6. Why do you want to teach meditation or deepen your existing practice?

7. Do you currently teach meditation? If so what style and for how long?

8. Anything else to add.

Thank you!

Please email application to Liz Altman ealtmanphd@gmail.com