

APPLICATION INSTRUCTIONS – The Studio DC

The Studio DC Yoga Teacher Training program includes a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Application Deadlines

To process your application, please send your complete application no later than one week prior to the program start date. However, enrollment is limited, so we recommend that you submit your application no later than the early registration deadline. We may accept last minute applications only if there is space in the program.

Be sure to complete the following documents when submitting your application:

Teacher Training program application requirements:

- Primary Application
- Applicants have a regular and consistent yoga practice
- Demonstrate the desire of deepening their own yoga practice while supporting other students on their yogic path.
- Attend regular community yoga classes with the senior trainers at The Studio DC during the training sessions.
- Has a proficient practice of Level 1.5 classes at The Studio DC

To reserve your place in the training, you must submit the complete application along with a **minimum:**

Level 1 - \$365 (full tuition)
200 hour - \$500 deposit
500 hour - \$750 deposit

How to submit your completed application:

Email teachertraining@thestudiopc.com and attach your application. Please title your subject line “Application for The Studio DC Teacher Training.”

This page is a checklist included to help you with the application process and **DOES NOT** need to be submitted along with your application.

Thank you!

TEACHER TRAINING APPLICATION

THE STUDIO DC

Personal Information

Name _____ Todays Date (M/D/YYYY) _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

 Name Phone Relationship

Name

Start date of training you are applying for (MM/YYYY): _____

Program Format:

- Level 1 Intensive Only
 200 hour Certification
 500 hour Certification

Location:

- Washington DC
 Maui HI

How did you first learn about the The Studio DC Yoga Teacher Training program?

- I practice at The Studio DC
 Internet Search
 My yoga teacher recommended it
 Yoga Journal Advertisement
 Other advertisement: _____
 Friend _____
 Conference _____
 Other: _____

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1. **How would you evaluate your current health?**

- Excellent
 Good
 Fair
 Some challenges (Briefly describe) _____

2. **Do you suffer from any of the conditions below?**

- Epilepsy
 Diabetes
 Pregnant, plan to become pregnant during the course of the training
 No, I do not suffer from the above conditions to my knowledge

3. **Please list medications you are taking that were prescribed to you by a health care professional:**

4. **Is there anything else we should know about your medical history?**

About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

1. How long have you been practicing yoga? _____
2. How many days per week do you practice yoga? _____
3. What style of yoga do you usually practice? _____
4. At which yoga studios do you currently practice? _____
5. Do you have a home practice? Yes No
6. Who have been your primary teachers, both past and present? _____
7. Do you practice meditation and/or pranayama? Yes No
8. What area of yoga challenges you the most? (Please specify)

9. Do you practice inversions? Yes No
10. Do you practice Surya Namaskar (Sun Salutation) A & B? Yes No
11. Do you practice chaturanga Yes No
12. Is this your first training?
 Yes
 No If no, please list prior trainings: _____
13. Are you currently teaching yoga?
 No
 Yes. If yes, for how many years have you been teaching? Where do you currently teach?

14. In your opinion, what qualities embody a good yoga teacher? Why?
15. Why do you want to take a The Studio DC Yoga Teacher Training program?

16. What are your expectations for this training? What do you hope to achieve at the completion of the program?

PAYMENT INFORMATION

\$500 non-refundable deposit is due with your application. Full payment is required no later than the start of the program.

I am paying by PayPal. Please mail the check with your application to the appropriate address on the **Application Instruction** page.

I am paying: Full Tuition _____ Requesting a Payment Plan _____

I hereby authorize the above payment of \$ _____ .00 USD Please initial: _____

I understand that if I fulfill all the requirements of the The Studio DC Yoga Teacher Training, including in-class hours, homework, quizzes and final exam, I will receive a letter of completion, which can be submitted to the Yoga Alliance or a prospective employer as evidence that I have completed a 200-hour Teacher Training program.

All sales are final. Tuition is non-refundable if participant drops out for any reason. Deposits will be refunded in full only if the applicant is not accepted. Make up sessions for missed training hours will be an additional cost to the participant. All participants have up to 2 years to complete the full training program. Master class workshops are not part of the teacher training tuition. In the event the studio must remove a participant from the program, the participants tuition due will be based on the amount of training completed. The studio reserves the right to terminate any participants enrollment in the teacher training program for any reason. All participants agree to all fees associated with the training program.

I understand that all The Studio DC Yoga Teacher Training materials are under copyright protection and cannot be reproduced by me without the permission of the author. Failure to comply may result in legal action.

I have read and accept the above terms and requirements: _____
(Signature)

Print Full Name: _____ **Date:** _____