Brighid’s Hearth Church Temple of Spiritual Healing & Shamanic Birthwork Presents

A Year & a Day Priestess Midwyf-Healer Program Application Feb 2017-Feb 2018

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PERSONAL INFORMATION

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| **First Name:** | **Last Name:** |
| **Date of Birth:** | **Time of Birth:** |
| **Sun:** | **Moon:** |
| **Ascendant:** |  |

CONTACT INFORMATION

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| --- | --- |
| **Address:** | **Country:** |
| **City:** | **State:** |
| **Post Code:** | **Phone:** |
| **E-mail:** | **Skype:**  |

FAMILY & VOCATION DETAILS

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| **Married/Partnered:**  | **Single:**  |
| **Children:** Yes/No  | **Children Ages:**  |
| **Occupation:** |  |
| **Length of Time in Field:** |  |
| **Previous Employment & Volunteer Work:** |  |

EDUCATION & TRAININGS

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| **Education & Training Since High School:** |

LIFE EXPERIENCES

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| **Skills:** |
| **Interests:**  |
| **Spiritual Beliefs, Practices, & Shamanic Experience:** |

PRIESTESS-MIDWYF HEALER PROGRAM

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| **What interests you about or drew you to this program?** |
| **What do you want to gain from taking this program?** |
| **What do you hope to be able to do/offer/explore after completing this program?** |
| **How do you see this program changing your personal and/or professional life?** |
| **Is there a particular area of study that interests you the most? Do you have any previous experience in any of the areas of study?** |
| **Are you interested in or wanting to sign up for any of the additional class offerings available?**  |
| **Additional thoughts:** |

THE WORKSHOPS

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| **Are you able to commit to the four in-person gatherings in NC, USA throughout the year?**Yes/No  |
| **Do you wish to bring your own food for eating alone/communal potluck or eat locally, or do you wish to pay for catering?**  |
| **Do you have any dietary allergies or restrictions we should be aware of?** |
| **Will you need to store perishable items such as medications or breastmilk during the workshops?** |
| **Will you need to coordinate a rideshare from a local airport or receive information on Uber/Lyft/taxi/bus routes?**Yes/No |

FINANCIAL

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| **How do you want to pay for the program:**Pay in Full  Deposit, then make a Payment Plan Arrangement **Method:**PayPal  Money Order  Personal Check *($25 returned check fee applicable)*  Cash *(in-person only)*  |
| **Do you wish to apply for any scholarships (one available of each)?**None  Low-Income *(25%)*  Person of Color *(25%)*   Low-Income *(75%)*  Person of Color *(75%)*  |
| **Would you like to donate towards the Scholarship Fund?**Not at this time  <$50  $50-$100  $120-$250  $275-$450  >$500*[If you would like to donate, please select a donation range and we will contact you to discuss it further. When those of us with means donate, it helps those without means who could still be wonderful assets for serving their respective communities.]*  |

EXTRAS

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| **Additional Notes:**  |

SIGNATURE

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| **Applicant Signature:** |
| **Date:**  |