

SCHOOL OF HERBALISM & HOLISTIC HEALTH

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NAME: _____ DOB: ___/___/___

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TEL: _____ CELL: _____

EMAIL: _____ FACEBOOK: _____

HIGHEST LEVEL EDUCATION: H.S. UNDERGRAD GRADUATE DOCTORATE

GRADUATION DATE: ___/___/___

INSTITUTION: _____ LOCATION: _____

I'M INTERESTED IN: DISTANCE LEARNING ON-SITE SCHOLARSHIPS OPPORTUNITIES

I'M APPLYING FOR:

HOW DID YOU HEAR OF US? INTERNET FRIEND RELATIVE OTHER _____

For those applying for any of our certificate programs, please submit a 1–2 page essay describing why you want to attend the school, and how you think the education fits with your calling / life-vision. Please answer on a separate sheet of paper.

Please sign this application below and submit the application fee of \$85.00 for the certificate program applicants only. Your signature indicates that you agree and adhere to the policies, procedures & payment procedures indicated in our student hand book:

Signature: _____ Date: ___/___/___

