**Tree of India School of Yoga**

**200-Hour Yoga Teacher Training Application**

Name (please include any nickname you prefer to use if applicable)

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate (MM/DD/YY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your gender identity? (Female, male, trans-gender, non-binary, other) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did you hear about Tree of India School of Yoga & Oxford Community Yoga?

OXCOMYOGA Website

Facebook

Instagram

Email

Other

Education

Have you received a high school diploma or GED?

Yes

No

Please select the highest level of college education you have completed (number of years):

1

2

3

4

Advanced degree (please describe):

Please list schools attended, dates, and degrees obtained:

Please list any body-centered trainings you have completed (e.g., massage therapy, dance, Pilates):

Work

Current Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of Years in Current Job \_\_\_\_\_\_

Language

**Please note** the 200-Hour Yoga Teacher Training requires each student to be able to comprehend and respond with written and oral communication in English.

Are you fluent in English?

Yes

No

Health

Are there any health concerns we should be aware of to support you in this training? If yes, please explain.

Short Answers  
Please answer the questions below.

Tell us about your reason for wanting to study at OXCOMYOGA.

How do you plan to apply your yoga teacher training in your life and your work?

What skills are you hoping to improve by attending this training?

I acknowledge that all information submitted in this application is true and accurate to the best of my knowledge. I understand that incomplete or inaccurate information may result in my non-acceptance or dismissal from the program. I acknowledge that I have read the program criteria and, should I be accepted to attend the Tree of India School of Yoga, I understand I will be evaluated using these criteria.

Checking yes below indicates your acknowledgment of the above and takes the place of your signature.

Yes

No

*Oxford Community Yoga and the Tree of India School of Yoga offer transformative yoga classes rooted in ancient tradition for the modern Western practitioner. Our mission is to facilitate the holistic well-being of every student and to thereby optimize the overall health and well-being of our community.*