

2457 20th Street ◆ Boulder Colorado 80304

303-786-7437◆ info@alandiashram.org ◆ www.alandiashram.org

*Training caring, compassionate Healers rooted in the spiritual core of the teachings.*

**Alandi Ayurveda Gurukula Application
 *You are welcome to type your answers on a separate page,
or print this form and hand-write your answers.***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

State: \_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applying to which program (please check):

 \_\_\_ 2 – Year Practitioner Program

 \_\_\_ 4 – Year Doctor of Ayurveda Program

**1. How did you find out about us?**

**2. Describe any educational or professional background in Ayurveda, Yoga, or Healthcare:**

**3. Other Educational Background:**

**4. Describe your specific goals and intentions for your Ayurvedic career.**

**5. How do you see our Program furthering your goals?**

**6. Post Graduate applications: Please include a description of the Practitioner program you attended and a transcript or list of classes you completed.**