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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:				
☐ I have via <u>PayPal</u> , or b ☐ I have Apprentice Coo	by calling the Alar enclosed my cov de of Conduct do either enclosed r rveda Gurukula b	plication fee of \$50 with ndi Administrator (303-78 er letter, signed Alandi Go cuments as outlined at w ny letters of recommenda	a check enclosed (payable to Alandi Ashi 6-7437) to complete payment over the purukula Academic Policies, and signed St ww.alandiashram.org/apply-to-ayurveda ation or requested that they be sent dire oth St, Boulder, CO 80304, or via email to	ohone udent a-school ectly to
	ı find out about ı	us?		
2. Describe an	y educational or	professional background	in Ayurveda, Yoga, or Healthcare:	
3. Other Educa	itional Backgrour	nd:		

4. Describe your specific goals and intentions for your Ayurvedic career.	
5. How do you see our Program furthering your goals?	