 

75 Hour Meditation Teacher Training Application

Date:

Name:

Email:

Phone:

Current Occupation:

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| 1 | Please describe your current and past experience with meditation. How long have you been practicing? What style(s) of meditation do you practice? Who are your primary teachers? |
|  | - |
| 2 | Why do you practice meditation? How has it impacted your life?  |
|  | - |
| 3 | What aspects of this practice are you most interested in?  |
|  | - |
| 4 | What are your intentions and expectations for taking this particular Teacher Training program? |
|  | - |
| 5 | Do you teach meditation currently? If so, why do you teach? If not, why do you want to become a meditation teacher? |
|  | - |
| 6 | What do you think your biggest obstacle will be to overcome during this training?  |
|  | -  |
| 7 | What are your other interests and hobbies?- |
| 8 | Please add any other information that you would like to share, or you feel that we should know about you.-  |