

APPLICATION INSTRUCTIONS – Studio Serenity

The Studio Serenity Yoga Teacher Training program includes a vigorous two-hour asana practice. We strongly recommend that applicants have one year of consistent asana practice. If your yoga practice does not meet those criteria, please provide us with an explanation on a separate sheet of paper.

Application Deadlines

To process your application, please send your complete application no later than one week prior to the program start date. However, enrollment is limited, so we recommend that you submit your application no later than the early registration deadline. We may accept last minute applications only if there is space in the program.

Be sure to complete the following documents when submitting your application:

200-hour Teacher Training program application requirements:

- Primary Application
- Recommendation Form - *The recommendation form can be approved by either a teacher you are currently studying with at Studio Serenity, or by an instructor with whom you have continued regular yoga practice with.*

To reserve your place in the training, you must submit the complete application along with a **minimum \$500 deposit.**

You have three options for submitting your completed application:

1. Email yoga@studioserenity.com and attach your application. Please title your subject line “Application for 200-hour program Studio Serenity.”
2. Mail it to: **Studio Serenity** c/o Katja Brandis; 1845 Summit Place NW #208; Washington, DC 20009.
3. Drop your application and deposit at our studio location. Please write on the top of your envelope **Attention: Katja Brandis, Teacher Training Department.**

This page is a checklist included to help you with the application process and DOES NOT need to be submitted along with your application.

Thank you!

200-HOUR TEACHER TRAINING APPLICATION STUDIO SERENITY

Personal Information

Name _____ Today's Date (M/D/YYYY) _____

Address Line 1 _____
Address Line 2 _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Email Address _____ Occupation _____

Emergency Contact:

Name	Phone	Relationship
_____	_____	_____

Start date of training you are applying for (MM/YYYY): _____

Program Format:

- 4-Week Intensive Format
- Extended Format

Location:

- Washington DC
- Honolulu HI

How did you first learn about the Studio Serenity Yoga Teacher Training program?

- | | |
|---|---|
| <input type="checkbox"/> I practice at Studio Serenity | <input type="checkbox"/> Other advertisement: _____ |
| <input type="checkbox"/> Internet Search | <input type="checkbox"/> Friend _____ |
| <input type="checkbox"/> My yoga teacher recommended it | <input type="checkbox"/> Conference _____ |
| <input type="checkbox"/> Yoga Journal Advertisement | <input type="checkbox"/> Other: _____ |

Medical History

Please complete the medical history section below so that we can be sure to respond to any emergencies should they arise during your training. Please note that none of your responses would exclude you from being accepted into the program.

1. **How would you evaluate your current health?**

- Excellent
- Good
- Fair
- Some challenges (Briefly describe) _____

2. **Do you suffer from any of the conditions below?**

- Epilepsy
- Diabetes
- Pregnant, plan to become pregnant during the course of the training
- No, I do not suffer from the above conditions to my knowledge

3. **Please list medications you are taking that were prescribed to you by a health care professional:**

4. **Is there anything else we should know about your medical history?**

About You

To better serve you, it is important that we have a general picture of your yoga practice and history. Please be as honest and clear as possible. Do not fear answering NO.

1. How long have you been practicing yoga? _____
2. How many days per week do you practice yoga? _____
3. What style of yoga do you usually practice? _____
4. At which yoga studios do you currently practice? _____
5. Do you have a home practice? Yes No
6. Who have been your primary teachers, both past and present? _____
7. Do you practice meditation and/or pranayama? Yes No
8. What area of yoga challenges you the most? (Please specify)

9. Do you practice inversions? Yes No
10. Do you practice Surya Namaskar (Sun Salutation) A & B? Yes No
11. Do you practice chaturanga Yes No
12. Is this your first training?
 Yes
 No If no, please list prior trainings: _____
13. Are you currently teaching yoga?
 No
 Yes. If yes, for how many years have you been teaching? Where do you currently teach?

14. In your opinion, what qualities embody a good yoga teacher? Why?
15. Why do you want to take a Studio Serenity Yoga Teacher Training program?

