



Twin Lakes College of the Healing Arts

State Licensed Vocational School of Massage Therapy, Hypnotherapy, Aromatherapy and Doula

BirthWise™ Doula Training Application Form

Fall Winter Spring Summer 20_____

Provided Student Picture for File \$50.00 Nonrefundable application fee

Personal Information:

Last Name _____ First _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Telephone: Home _____ Work _____ Cell _____

Email Address: _____

Would you like to be on our email list to receive information and promotional coupons? Yes No

Place of Birth _____ Country _____

Date of Birth _____ SS# (optional) _____

Driver's License # _____

How did you hear about the school? _____

Contact in Case of Emergency:

Name _____ Relationship _____

Phone (day) _____ (eve) _____

Financial Information: (TLC does not qualify for financial aid or grants)

Are you employed? Yes _____ No _____ Occupation: _____ Hrs / week _____

Employer _____ Phone _____

If accepted, how would you finance your tuition? Self _____ Loan _____ Family _____ Other _____



Education:

Please tell us about your academic education (degrees, majors, etc.): _____

Do you have experience or training in any health care field? Please explain: _____

Personal Growth Experience:

What experiences have contributed to your personal growth in recent years? _____

Anything else you want to share about your life experience? _____

Educational and Personal Goals:

What are your present occupational and personal goals? _____

What motivated you to choose Twin Lakes College of the Healing Arts? _____

What do you hope to do upon completion of your studies at TLC? _____

