



# 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.): \_\_\_\_\_

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

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**Personal Growth Experience:**

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

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Anything else you want to share about your life experience? \_\_\_\_\_

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**Educational and Personal Goals:**

What are your present occupational and personal goals? \_\_\_\_\_

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

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

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