

# Academy Application



## Certificate Program:

*Certified Holistic Health Practitioner*

*Certified Creative Art Consultant*

*Certified Herbal Medicine Consultant*

*Certified Holistic Pet Consultant*

*Certified Alkaline Diet Consultant*

Desired Enrollment Date:

First Name:  Last Name:  M.I.

Date of Birth:  Gender:  Phone:

Mailing Address:

City:  State:  Zip Code:

Email:  T-shirt Size:

## Educational Background

Degree	Institution	Year of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please write a brief statement of reasons for applying for this Certificate Program:

Attachments:  HS Transcripts

## Declaration:

By submitting this application, I confirm that the information provided is accurate, and I understand that any false statements may disqualify me from my enrollment.

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Signature