APPLICATION – MEDITATION TEACHER TRAINING

Thank you for your interest in the Institute’s programs! Please complete this Application and send or deliver it to us with your $50 Application fee. All information is confidential.

Meditation practice: You should have already established a personal practice of meditation for a period of at least one year. Naturally the more experience and consistent practice you have had with meditation, the better.

It is not necessary that you have a hatha yoga (postures) practice.

Prerequisite course: The raja segment of the Raja Yoga Intensive is a prerequisite to taking the Meditation Training at the Ananda Institute. It is shown in the Institute curriculum information or on the Ananda Seattle website (www.AnandaWashington.org). Special fees apply to students taking the raja segment “for credit” as part of the Institute. (The Raja course can be taken before, during, or, with advance consent, after the Meditation Teacher Training (MTT) course.)

So, if you’re ready, let us begin! (PLEASE PRINT!)

Name & Address:
Name
Friends call me
Street address
City, State
Zip

Phones
Home: (   ) _______ - _______ Best Times: __________
Work: (   ) _______ - _______ Best Times: __________
Cell: (   ) _______ - _______ Best Times: __________

Email:
Primary ____________________@______________________________
Other: ____________________@______________________________

Raja Yoga Intensive: Have you taken this prerequisite course? (It can be taken simultaneously but not generally AFTER): ___Yes ___No; if YES, did you take it for credit (by paying the requisite fees, and completing the homework and final exam?)
Dates and locations taken: ____________________
Have you paid the one-time, lifetime (nonrefundable) $50 Institute Application fee? If so: when? ________________
Have you paid the $25 raja documentation fee? If so, when: ____________________

______________________

1 Application fee is nonrefundable. Most likely you have paid this already when (if) you’ve taken the raja segment previously or perhaps if you took Yoga Teacher Training.
Your Interest in the Institute

Please describe your interests or goals in enrolling in the Meditation Teacher Training:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Your Current Life Responsibilities

1) Which best describes your life at this time?

- Student
- Full time Career
- at home parent
- Part time work
- Transition
- Retired

2) This course requires attendance at 6 Saturdays (9:30 am to 6 p.m.); auditing a meditation class on either 2 Tuesdays or 2 Thursdays; time for reading and homework. And, for some of students, taking the Raja intensive course at the same time on a weeknight for 12-14 weeks. Do you feel that your current duties will allow you time for these commitment? If a parent of minor children, do you have child care coverage?
____________________________________________________________________

3) Describe any known travel commitments during the period of enrollment in the Meditation Teacher Training program?
____________________________________________________________________
____________________________________________________________________

5) Do you have a car for attending classes at the Institute? __________________
If not, please explain how you might obtain transportation:
____________________________________________________________________

Your Health

MEDICAL INFORMATION

All responses are confidential. We use this information only to better assist you during the program, not to screen participants. Attach additional sheets if necessary. Date of Birth __________________

Briefly describe your current overall health
____________________________________________________________________
____________________________________________________________________

Summarize any health or disability issues that might pose challenges for you during this course?
____________________________________________________________________
____________________________________________________________________
Blood Pressure (circle one) **High / Low / Normal.** When was this last checked?

____________________

Describe any history of cardiovascular problems. If you don’t have any cardiovascular problems but are considered to be “at risk”, then please indicate this as well.

___________________________________________________________________

___________________________________________________________________

If you are pregnant, when is your baby due? _____________________________

We share (vegetarian) lunch together, what dietary restrictions would you want to explain?

_______________________________________________________________________

During our 6+ hour classes, there is a need to sit up, be alert, and take notes, write, or read. Floor sitting is fine but laying down is discouraged unless there is a medical necessity. Will you be ok with class-style sitting? (We have breaks, of course, and standing activities, as well.)

_____________________________________________________________________

Please indicate any other medications that you are taking that might interfere with your physical balance, wakefulness, ability to concentrate, or mental clarity.

_______________________

_____________________________________________

____________________________________________________________________

Please note:

Although the practice of yoga and meditation has been shown to have important physical and mental health benefits, such practices are not to be viewed as a substitute for professional medical treatment, supervision, or counsel. We caution students not to discontinue prescribed medications, treatments, or medical supervision during enrollment in the Institute. It is specifically a condition of attendance at the Institute that students be physically and mentally able to participate, respectful of all, and actively calm.
Please Tell us About Your Meditation Practice

Do you practice meditation regularly? Yes__ / No __

How many days in the week do you generally meditate? __________________
In most sittings, how long do you meditate? __________________
When did this pattern of meditation begin (how long ago)? _______________________
What time of day is your best time for meditation? _______________________________

Which tradition(s) or techniques(s)?
_____________________________________________________________________

Do you intend or hope to teach meditation to others? ___________________________

If so, where do you expect to teach? ____Ananda? _____Yoga studio _____from home?
_____Workplace? _____Other?___________________________

Is there anything about your spiritual journey and/or meditation practice or training that you
would like to share? [religious upbringing, if any; other spiritual trainings or studies; etc.]
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

What other aspects of your life might you wish to share? [place of birth, education, hobbies,
sports, talents, interests, languages, past jobs, extent of travels]
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Are you involved (member) with Ananda? ____________________________
Are you a “kriyaban” of Ananda? ________________________________

2 For training purposes we will use the “Hong Sau” concentration technique as our core. It has many
variations throughout the world and is perhaps the most best known technique: “watching the breath” with
mantra or word formula.
3 Membership, affiliation or participation in Ananda is not required to take this course.