



Ananda Institute of Living Yoga

"Where Yoga Comes to Life"

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.¹ 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 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 course “for credit” as part of the Institute. (The Raja course is a prerequisite for 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? ___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 \$45 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 Yoga Intensive 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 10 Saturdays (11 a.m. to 2:15 p.m.) and 10 Tuesdays (7 to 8.30 p.m.); auditing two meditation classes² and time for reading and homework. 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?

² The audit will be of the zoom recording of the classes which are also held on Tuesday nights.

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)?

³ _____

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? _____⁴

Are you a “kriyaban” of Ananda? _____

³ 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.

⁴ Membership, affiliation or participation in Ananda is not required to take this course.