



ASHH ENROLLMENT APPLICATION



Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work phone: _____

Email: _____

Social Security Number: _____ Current occupation: _____

In case of emergency notify: _____ Relation: _____

Phone: _____

Program Applied For:

Fundamentals (March) _____ (July) _____ Wise Woman (June) _____ WW (September) _____

Women's Health Intensive _____ Traditional _____ Clinical _____

Workshop _____ (Please specify) _____

How do you plan to finance your tuition and training expenses?

Education History (schools, graduation dates, degrees, certificates)

Have you had any prior training or work experience in Plant Energies or Herbalism?

Describe any mental or physical conditions that might affect your participation in the program:

What interests you most about this program?

Where did you hear about us? (Please be specific)

Do you know anyone who may like a catalogue? If so, please provide their name(s) and contact information:

A personal interview is required for the Traditional Herbalist and Clinical Internship programs.

To schedule an interview call: (828) 350-1221

Upon acceptance, you will be asked to sign an enrollment contract and make a tuition deposit to secure your spot in class.

Please send this form along with a \$50 non-refundable application fee to:

The Appalachia School of Holistic Herbalism

2 Westwood Place

Asheville, NC. 28806

I agree to notify ASHH immediately of any change in address, phone, or educational intent. Failure to do so may forfeit my enrollment position.

Signature: _____ **Date:** _____