

**Teacher Education Program Application  
2019 – 2021  
Application due Friday, May 15**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell \_\_\_\_\_

\$25 Application Fee Enclosed  Yes  No      2x2 Headshot Enclosed  Yes  No

***Please answer the following questions. If you need additional space you may answer the questions on a separate page and attach it to this application form.***

1. History of study and practice of Iyengar Yoga: Include dates and names of teachers:

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2. Describe any other Yoga experience you have; system, specific teachers, dates, length of time:

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3. Describe any teaching experience you have (yoga or other):

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4. Why do you study the Iyengar method of Yoga?:

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5. Describe why you want to attend our Teacher Education Program:

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6. What is your current health condition and brief health history?:

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