



## 2023 Sage Herbal Foundations Application

Greetings and thank you for your interest in the **2023 Sage Herbal Foundations Program** now in our 14<sup>th</sup> year!

Please email your completed application to [clinic@sagewomanherbs.com](mailto:clinic@sagewomanherbs.com) or drop off in person at: 2727 North Tejon Street, Colorado Springs, CO 80907 along with your deposit. Next, an appointment will be made with the program director, Valerie Blankenship, to conduct an interview (usually by zoom) where she will determine if the program is a good fit for your educational goals. We will hold your deposit until you are accepted into the program. Once accepted, the fee will be deposited and you will be enrolled.

1. Please state your reasons for applying to the Sage Herbal Foundations Certificate Program:
2. Will you be able to dedicate 2+ hours per week to the study and practice of herbs in addition to class time? (for those who wish to receive a certificate)
3. Do you have any previous knowledge about holistic health or herbs?
4. Do you use herbs in your daily life?
5. What are your plans for using this knowledge?
6. Profession? Student? Former experience in the herbal or holistic health field?



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Student Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_(cell) \_\_\_\_\_(home)

Address: \_\_\_\_\_

Best time to be contacted for interview: \_\_\_\_\_

### Different Foundation Tracts:

The "Certificate Tract" requires a minimum attendance of 24 of 28 classes and a minimum completion of 24 of 28 homework assignments on time to receive a certificate.

The "Audit Tract" has no attendance nor assignment requirements. Please enjoy the classes and complete homework if you so desire.

Please initial one of the following:

- I am signing up for the Certificate Tract: \_\_\_\_\_ (initials)
- I am signing up for the Audit Tract: \_\_\_\_\_ (initials)



**Payments:**

The program is \$1350.00 total. *Pay in full by April 5th, 2023, and receive a \$100 discount.*

Note: After submitting your application and payment you will be contacted for a zoom interview with Valerie Blankenship, the program director. Once approved, your payment will be processed at that time. **This is required to reserve your space in class.**

**Refund Policy:**

*We ask that applicants carefully consider their commitment to this program. This course will be closed after the first day of class and we will not be able to fill any vacated seats. Therefore, we offer a prorated refund after attending the first class, and a 50% refund of the full program cost for withdrawing within the first 30 days. No refunds are offered following the first 30 days of the program.*

- *Initial here to pay in full and save \$100: \_\_\_\_\_ If you are paying in full, call 719/473-9702 or come into the store to pay.*

Note: A credit card number is necessary for enrollment in the payment plan. It is kept on a separate, secured server for auto payments.

Late payments will incur a \$5 per day fee.

Not making payments on time may result in losing your space in the program.

Payment Plan

Credit card number:

\_\_\_\_\_

Expiration date: \_\_\_\_\_ Security code: \_\_\_\_\_

We accept American Express, Visa, Mastercard, and Discovery cards.

Sage employee who collected \$350 deposit: \_\_\_\_\_ Date \_\_\_\_\_



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*Note: Cancellations by March 25<sup>st</sup> will receive a full refund minus a \$100 cancellation fee. If cancellation occurs on March 27<sup>th</sup> or later, the student will forfeit their \$350 deposit and all other payments will be refunded.*

2<sup>nd</sup> payment- Amount: \$250 (due April 5th) Date rec'd \_\_\_\_\_ rec'd by: \_\_\_\_\_

3<sup>rd</sup> payment- Amount: \$250 (due May 3rd) Date rec'd \_\_\_\_\_ rec'd by: \_\_\_\_\_

4<sup>th</sup> payment- Amount: \$250 (due June 7th) Date rec'd \_\_\_\_\_ rec'd by: \_\_\_\_\_

5<sup>th</sup> payment- Amount: \$250 (due July 5th) Date rec'd \_\_\_\_\_ rec'd by: \_\_\_\_\_

Dear Student, please sign and date to acknowledge you have read, understand, and agree to the terms of the payment structure, the refund policy and all of the terms of this agreement.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_