



2026 Sage Herbal Foundations Application

Student Name: _____

Email Address: _____

Telephone number: _____(cell) _____(home)

Address: _____

Best days and times to be contacted for an interview: _____

Greetings and thank you for your interest in the **2026 Sage Herbal Foundations Program** now in our 17th year!

Please email your completed application to valerie@sagewomanherbs.com or drop off in person at: 2727 North Tejon Street, Colorado Springs, CO 80907 along with your deposit by check or credit card number.

After receiving your application, you will be contacted by phone or email for a zoom interview with the program director, Valerie Blankenship. During this interview process, 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 learning challenges that Valerie needs to know about?
4. Do you have any previous training or knowledge in the field of holistic health or herbs? Please elaborate.



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5. Do you use herbs in your daily life? If so, which ones and what for?
6. What are your plans for using this herbal knowledge?
7. Do you have any health challenges or conditions that you would like Valerie to know about so I can try to address them in the context of the program?
8. Do you have any allergies or sensitivities to herbs or essential oils that Valerie needs to know about before passing around samples in class?
9. What is your profession/job/passion? Do you have former experience in the herbal or holistic health field?
10. Please choose, and initial one of the following:
 - 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. You will receive additional details in your new student packet. I am signing up for the Certificate Tract: _____(initials)
 - The “Audit Tract” has no attendance nor assignment requirements. Please enjoy the classes and complete homework if you so desire. I am signing up for the Audit Tract: _____ (initials)



Refund Policy for Early Withdrawal:

The total cost of the program is \$1550.00. Applicants should carefully consider their commitment to this program. There are no refunds of deposits after April 1st, 2026.

A \$650 fee will be withheld from payments made for withdrawing on or before May 1st, 2026. No refunds are offered thereafter.

Notification in writing is required to drop out of the program, emailed to the director of the program, valerie@sagewomaherbs.com

Please sign below indicating you have read and agree to the refund policy above: _____.

Discounts for Payment in Full:

You will also receive \$100 discount through our Loyalty Rewards Program once you have paid for the program in full, either in one payment or through the payment plan.

PLUS: Pay in full by Monday, April 1st, 2026, and **receive an additional \$100 discount** That brings the total discounted price to \$1350. (Not an April Fool's Day joke!)

- *Initial here if you plan to pay in full by 04-01-2026: _____ Call 719/473-9702 Mon–Sat, 9:30 am–5:30 pm to pay by phone or pay in store.*
- *I would like to pay a deposit now and pay in full once accepted and receive a \$100 discount _____.*



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Payment Plan:

A credit card number must be retained for enrollment in the payment plan. This information is kept on a secure server.

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

Late payments, including those due to expired credit cards, may result in losing your space in the program. If your credit card is due to expire, contact us to update your card prior to payment due.

- *I would like to pay a deposit now and enroll in the payment plan: _____.*
- *Please enter your credit card number below, call 719/473-9702 Mon – Sat, 9:30AM – 5:30 PM or come into the store to pay.*

Credit card number:

Expiration date: _____ Security code: _____

Deposit: \$550. (due at time of application) Date rec'd: _____ rec'd by: _____

1st payment: \$250 (due April 1st). Date rec'd: _____ rec'd by: _____

2nd payment: \$250 (due May 1st). Date rec'd: _____ rec'd by: _____

3rd payment: \$250 (due June 1st). Date rec'd: _____ rec'd by: _____

4th payment- \$250 (due July 1st). 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 the terms of this agreement:

Student Signature _____ Date _____