



Herbal Education Program Application

While this application does not determine your acceptance to the Third Root Herbal Education Program Level I, we ask that you complete it to give us a better understanding of the interest in the Program and a little background on you. Thank you.

Name: _____

Address: _____

Email Address: _____

Phone Number: _____

I am applying for a payment plan a scholarship

Who are you? Please provide us with a brief personal summary/biography:

Tell us about your favorite teacher. What made their approach conducive to your learning style? How did they inspire you?

Have you taken any classes or read books on herbs? How have you been involved with herbs? What is your background in herbal medicine and holistic health? (we mostly ask this question to help us determine where the group is at: what information we need to go over, and what is already known within the group, so your honest answer will not grant you acceptance to or reject you from the program or scholarship)

What do you hope to get out of the Third Root Herbal Program? Who will you bring this information back to?