



HERBS FROM THE GROUND UP APPLICATION FORM

Name: _____

Phone: _____ (cell) _____

Email: _____

Address: _____

Emergency Contact: _____ relationship: _____

Phone: _____

Medical conditions or allergy information you'd like us to know about (to ensure your safety during our course):

How did you hear about this course? _____

Would you like your e-mail address to be added to our mailing list? _____

On a separate sheet of paper, please:

- Describe any relevant training and experience you have had in the fields of herbalism, gardening or medicine-making. Include a brief (1 paragraph to 1 page) personal statement explaining your interest in pursuing the apprenticeship.

Tuition is due by the first day of the apprenticeship. Monthly payment plans are also available. Please contact us for more information about this option.

Include a deposit of \$100.00 to secure your place in the program; if no deposit is included, we can not hold your space. The deposit is nonrefundable upon your acceptance into the program and will be applied to your tuition. In the event that you are not accepted, your deposit will be refunded to you in full.

Once an application is received, we will contact you to schedule a brief phone interview to make sure the apprenticeship is a good fit for you.

Please send this form, along with your deposit or payment in full to:

VCIH
250 Main Street, Suite 302
Montpelier, VT 05602

Please make checks payable to Vermont Center for Integrative Herbalism.

