

**Herbal Roots Apprenticeship
Application Form**
Vermont Center for Integrative Herbalism

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| Name: | Pronouns: |
| Email: | Phone: |
| Mailing Address: | |
| Emergency Contact Name: | |
| Emergency Contact Phone: | Relationship: |

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| Medical conditions or allergy information you'd like us to know (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 or 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 (\$2500.00) is due by the first day of the apprenticeship. Monthly payment plans and VSAC grants are also available. Please contact us for more information about these options.

Include a deposit of \$250.00 to secure your place in the program; if no deposit is included, we cannot 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. Please also attach a small photo of yourself, headshot style, to your application to help us begin matching names and faces.

We will contact you to schedule a brief interview shortly after the February 1st deadline.

Please send this form with your deposit (or payment in full) and photo by February 1st to:

VCIH
123 Pitkin Rd., King Building
Plainfield, VT 05667

Please make checks payable to VCIH