

WHOLISTIC NUTRITION PROGRAM

WNP7 APPLICATION MATERIALS

APPLICATION CHECK LIST

All applicants must submit the following items in order for their application to be considered complete:

- A completed application form
- A \$25 non-refundable application fee.
- Two letters of recommendation or character outlines from health practitioners or personal references.
- A letter of intent or motivation for taking the program (included in application form).
- Official college transcripts sent directly to The Wellspring School. If applicant did not attend a college or university a copy of high school diploma or GED is required.
- Copies of any professional licenses or certificates.
- Admission/enrollment interview with school Director.

The application process is not considered complete until all documentation has been received, application fee received by the Admissions Office and enrollment meeting with the school Director completed. Attach additional sheets where necessary.

ACCEPTANCE INTO THE PROGRAM - LAST STEP

Upon acceptance into The Wellspring School Wholistic Nutrition Program, students will be sent the below paperwork which must be submitted along with the registration fee.

- ✓ Enrollment agreement
- ✓ Tuition Payment Plan agreement
- ✓ New Student Registration Fee: \$100

Application materials may be sent via standard mail to:

The Wellspring School for Healing Arts
Attn: Director of Admissions
2440 NE Martin Luther King Jr. Blvd. #202, Portland, OR 97212

or

Applications may be sent via email to: info@thewellspring.org (Attn: Director of Admissions)



REGISTRATION

Please type or print legibly in ink and return with the \$25.00 non-refundable application fee to:

The Wellspring School for Healing Arts
Attn: Director of Operations
2440 NE Martin Luther King Jr. Blvd. #202, Portland, OR 97212

Today's Date: _____ Date of Expected Enrollment: _____

_____ M ___ F ___
(Last Name) (First Name) (Middle Initial)

_____ City State Zip
Permanent Mailing Address

_____ Email Address
Home Phone Work Phone Cell Phone

Marital Status: _____ Birth date: _____ Country of Citizenship: _____

In case of emergency please contact:

_____ Relationship
Name

_____ Telephone
Address

_____ Date
Graduating High School

_____ City State Zip
Address

If applicant's high school records were maintained under a name other than listed above, state name used: _____

Please list in chronological order colleges and universities attended, and degrees awarded:

_____ from _____ to _____ Degree or Certificate
Name of Institution

_____ from _____ to _____ Degree or Certificate
Name of Institution

_____ from _____ to _____ Degree or Certificate
Name of Institution

Present Occupation: _____



REGISTRATION
(Continued)

List in chronological order your last 3 employers:

(The Wellspring School reserves the right to contact anyone listed.)

Employer Name, Address and Phone

Position and Type of Employment

Have you ever had a professional license revoked? _____ If yes, give details on a separate page.

Have you ever been convicted of a crime? _____ If yes, give details on a separate page.

Do you now have, or have you had in the past two years, any serious illness? _____ If yes, give details on separate page.

Are you now or have you been under the care of a psychotherapist? _____ If yes, give details on separate page.

Briefly list any necessary background information on your physical and mental health:

Describe your interest in wholistic nutrition and how this program aligns with your current (personal/professional) goals (letter of intent). Feel free to use additional pages:



The Wellspring School for Healing Arts

LETTER OF RECOMMENDATION

Applicant: Please photocopy and complete part A of his/her form and have someone other than a family member complete part B. Recommendation letters should be completed individually and sent directly to the school, either via snail mail, fax or email. Applicants should not send in letters of recommendation themselves.

Part A

Last name	First Name		
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Address	City	State	Zip
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Home phone	work/cell phone	email	
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Part B

Please evaluate the applicant on the following: maturity, integrity, responsibility, ability to function under stress, interpersonal skills and ability to meet deadlines and academic readiness. Please indicate how long you have known the applicant and in what capacity. Feel free to use a separate sheet of paper. We appreciate your time.

Name of person making the recommendation: _____

Address: _____

Phone: _____ email: _____

Signature: _____ Date: _____

