

# Application for Admission

## Colorado School of Clinical Herbalism

424 E Simpson St., Unit A  
Lafayette, CO 80026  
720-406-8609  
apply@clinicalherbalism.com



### Personal Information

Name \_\_\_\_\_

Local Address (street, city, state, zip) \_\_\_\_\_

Permanent Address, if different \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Social Security Number (required by the State of CO regulatory board) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

How did you hear about CSCH? \_\_\_\_\_

Do you have a high school diploma or GED? Yes  No

Do you have a handicap that might prevent you from successfully completing this program? Yes  No

Program applying for (check one): Advanced  Fundamentals (Day)  Fundamentals (Eve)

Field Botany  Clinical Program (Advanced Program graduates only. Check all that apply):

Clinic  Nutrition  Flower Essence

Volume and Number of CSCH Catalog: Vol. \_\_\_\_ No. \_\_\_\_

**Required Documentation** (Please submit all 3 with this application. These documents are not required for Clinic application.)

1. A resume of your previous employment and education.
2. Proof of a high school education or college attendance (e.g., copy of diploma, completed transcript, GED).
3. A 1-2 page essay describing why you want to attend this school and how you think the education fits with your calling/life-vision. Include any previous herbal studies/experience.

**Please sign below and enclose the \$50 application fee (\$150 Clinic application fee).**

Signature \_\_\_\_\_ Date \_\_\_\_\_