

# Application for Admission

## Colorado School of Clinical Herbalism

424 E Simpson St., Unit A

Lafayette, CO 80026

720-406-8609

apply@clinicalherbalism.com



**Legal Name** \_\_\_\_\_ **Name you go by:** \_\_\_\_\_

**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):

Fundamentals (Day)       Fundamentals Eve       Advanced       Field Botany

Aromatherapy       4 - Day Clinical Intensive       5 -Day Clinical Intensive

### 9-month Clinical Programs (Advanced graduates only. Check all that apply):

Clinic       Nutrition       Flower Essences

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

**Required Documentation** (Please submit all 3 with this application form.) (These documents are not required for Clinic application. Clinic application fee: \$150)

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 submit application documents as 4 attachments to**  
**[apply@clinicalherbalism.com](mailto:apply@clinicalherbalism.com) Call to pay \$50 application fee by card or mail check.**

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