

## Sage-ing Leader Certification Program Application Form

Date of	f Application:				
Full Na	ime:				
Addres	ss:				
City:		State:	Zip:		
Email:			Phone:		
Instruc	ctions:				
1.	Please address each of the issues or questions in pages 3-7				
	Return your Application and your responses to:				
	Cert <u>j.ma</u>	nne Marsh tification Program Coordinator trsh@sage-ing.org			
2. <u>Clic</u>	<u>ck here</u> to mal	ke your \$50.USD non-refundal	le Application Processing Fee		
Confir	mation of Pre	erequisites:			
			- sponsored workshop: <i>Deepeni</i> y Program of Sage-ing Internatio		
Worksh	nop Date:	Workshop Location:	Facilitators:		
Please	check all that	t applies:			
l ha	ave read <i>Fron</i>	n Age-ing to Sage-ing by Zalm	an Schachter-Shalomi & Ronald	S. Miller	
l aı	m reading <i>Fro</i>	om Age-ing to Sage-ing by Zalr	nan Schachter-Shalomi & Ronald	l S. Miller	
		d the <i>Exercises for Sages in Ti</i> e 2014 edition)	aining found in the Appendix of F	-rom Age-ing to Sage-	

I am working through the Exercises found in the Appendix: Exercises for Sages in Training



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1. Describe your interest in Sage-ing and aging spiritually, and why you would like to be a Certified

#### **Applicant Information:**

	Sage-ing Leader.						
2.	List your formal educational background and any training and leadership roles which might relate to and/or complement your Sage-ing program.						



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3.	Illustrate how you feel you are suited for leading Sage-ing programs. Please include the course o your own spiritual development.
4.	Describe your involvement with groups relating to inner work such as energy work, meditation journaling or rituals, including leadership roles.



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5. List three references and their contact information including email address.

Upon review of this document, the about your application.	Certification Program Coordinator v	will schedule time for a conversation