

# Application Form for Studies in Western Herbal Medicine

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone and e-mail: \_\_\_\_\_

**1. Occupation and education:**

**2. Daily life and routines:**

**3. Physical fitness level and routine:**

**4. What got you involved in herbal medicine:**

**5. What would you like to do with this after completion:**

*(To improve your selection chance use more than 1-2 word answers; I'm not looking for family secrets or even an essay here but a communication by applicants on why I should select you; if needed use extra paper for your answers)*

After completion mail to: Charles W. Kane | PO Box 5472 | Oracle, AZ 85623 OR Fax: 520-896-2633 OR email: info@tcbmed.com