



# Apprenticeship Healing Program

## APPLICATION

\_\_\_\_\_  
Name Date of Birth

\_\_\_\_\_  
Primary Phone Secondary Phone Email

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

Why do you wish to participate in the Arasini Foundation Apprenticeship Healing Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Tell us about your personal experience with healing and/or subtle energy.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Arasini Foundation Apprenticeship Healing Program?

\_\_\_\_\_

If accepted into the program, when would you like to begin?

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit: **(1) Application (2) Health Information Form** with **(3) application fee of \$25** made payable to Arasini Foundation at the following address:

Arasini Foundation  
Attn: Apprenticeship Healing Program  
2011 N. Collins Blvd. Suite 709  
Richardson, TX 75080  
2011 N. Collins, Suite 709 Richardson, TX 75080  
Phone: 972.437.5332 Fax: 972.437.5832  
[www.ahealingplace.org](http://www.ahealingplace.org)

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