



THE WISDOM SCHOOL OF S.O.P.H.I.A

APPLICATION FORM, PART I

SHAMAN, **O**RACLE, **P**RIEST/ESS, **H**EALER, **I**NTUITIVE AND **A**LCHEMIST

PLEASE TYPE OR PRINT CLEARLY:

Name: _____ Preferred Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Cell: _____ Home: _____ Fax: _____

Best way to contact you? (Please Circle) Email Phone Mail

HOW DID YOU LEARN ABOUT THE WISDOM SCHOOL OF S.O.P.H.I.A.?

I have enclosed or will forward letters (phone and/or email) of recommendation from the following 3 people:

1. _____
2. _____
3. _____

Briefly describe the following: (You can attach a resume)

Educational Background:

Work History:

Talents/Passions and Interests:

PLEASE ANSWER THE FOLLOWING (ATTACH ADDITIONAL SHEET IF NECESSARY):

What attracts you to The Wisdom School of the Temple of S.O.P.H.I.A.?

Write a brief description of your religious background and your spiritual journey/exploration to date:

Describe briefly your current spiritual practice:

Have you had personal experience and/or professional training in psychotherapy, spiritual counseling or other personal growth work? Please describe briefly.

Have you had personal experience or training in the healing arts and sciences:

Is there anything else about yourself that you think maybe important for us to know about you?

Other Hobbies or Interests?

The Temple of S.O.P.H.I.A., requires that a criminal background check be run for all applicants, the cost of which is incorporated into the application fee of \$100.00.

By signing below, I provide my consent to a background check and acknowledge that the information provided on the following page of this Application Form is true and accurate:

I affirm that all the above statements are true:

Signature: _____ Date: _____

Print Name: _____

I would like to pay my \$100.00 Application fee via Check, Venmo or PayPal (sending to a friend) to **Tiana Mirapae**:

Check # _____

Venmo _____

PayPal (Sending to a friend) _____

INFORMATION for BACKGROUND CHECK: (An asterisk (*) denotes a required field)

*Last Name: _____

*First Name: _____

Middle Name: _____

Suffix: _____

Maiden Name (or other name(s) by which you have been known):

*Date of Birth: _____

Place of Birth: _____

*Last Six Digits of Your Social Security Number: _____ - _____

Sex: _____

Height: _____ ft. _____ in.

Eye Color: _____

Race: _____

Driver's License or ID Number: _____

Mother's Full Maiden Name: _____

Father's Full Name: _____

Current and Former Addresses:

Street Number & Name: _____

City/Town: _____

State: _____ Zip: _____

Street Number & Name: _____

City/Town: _____

State: _____ Zip: _____