

Associate Healing Nature Guide Degree Program 2024



Please fill out this form carefully and completely.

Name _____

Address _____

Phone _____

Email _____

Date of Birth _____

Tuition \$3500
Payment due with application, unless special arrangements were made.

Please list two people who can speak on your behalf regarding your relationship with Nature and your dedication to wellness.

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Please answer the following questions on a separate page.

1. Who are you, what brought you to this point on your healing journey, and why do you wish to earn a Healing Nature Guide Degree?
2. What would you like to do with the knowledge and skills you gain from the Program?
3. What relevant experience, training, and/or credentials do you presently have?
4. Mention anything additional that you think will help us best serve you during the Program.

I _____ (print name), want to participate in the 2024 Associate Healing Nature Guide Degree Program. I am dedicating myself to be fully present with the Program and contribute to the best of my abilities.

Signed _____

Date _____

Please attach a photo of yourself on page 2 or attach to email.

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