

Date of	Application:					
Full Na	me:					
Addres	s:					
City:		State:	Zip:			
Email:			Phone:			
Instruc	ctions:					
1.	Return your application	and your responses to:				
	Jeanne Marsh Certification Pro j.marsh@sage-	ogram Coordinator <u>ing.org</u>				
2.	Click here to make you	ır \$50.USD non-refundable A p	plication Process	sing Fee		
Confir	mation of Prerequisites	s :				
		je-ing International – sponsore lithin, an Introductory Program				
Worksh	nop Date:	Workshop Location:		Facilitators:		
Please	check all that applies:					
l ha	ave read <i>From Age-ing to</i>	o Sage-ing by Zalman Schach	ter-Shalomi & Rona	ald S. Miller		
l ar	m reading <i>From Age-ing</i>	Age-ing to Sage-ing by Zalman Schachter-Shalomi & Ronald S. Miller				
	ave completed the <i>Exerc</i> (p. 267 in the 2014 edition	ises for Sages in Training four on)	nd in the Appendix	of <i>From Age-ing to Sage-</i>		

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



Please address each of the following questions.

Applicant Information:

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



3.	Illustrate how you feel you are suited for leading Sage-ing programs. Please include the course of
	vour own spiritual development.



4.	Describe your involvement with groups relating to inner work such as energy work, meditation
	journaling or rituals, including leadership roles.



5. List three references and their contact information including email address.
Upon review of this document, the Certification Program Coordinator will schedule time for a conversation about your application.