

# Application for The School of Forest Medicine Immersion Course

You will be contacted for an interview after we receive your application. If you are accepted, there will be a \$200 non-refundable deposit that is due within 14 days of your acceptance. The deposit is counted toward your tuition.



Please attach additional pages if you need more space. Return completed application to:

**The School of Forest Medicine**  
**PO Box 15007**  
**Portland, OR 97293**

Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

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**What is your philosophy of working with plants? Please list any education or experience you have relating to medicinal plants.**

**This program will be intentionally challenging. We will not be seeking comfort in the woods. You may be expected to sit in the hot desert sun for hours, have your normal sleeping patterns altered, or be confronted with the dark aspects of your psyche. Are you prepared for these types of challenges? Please list any experience related to working in situations such as these.**

**What do you hope to achieve from this course and what specific gifts do you have to offer?**