



# Three Fold Way: Application Information

Please complete the following form and feel free to expand or add to any of the sections as you complete it. You may provide additional pages or other information you feel would be relevant to our better “getting to know you.”

Also, **please attach a small “head shot” photograph** (like for a pass port) to help us link a face to your narrative.

Name \_\_\_\_\_ Date \_\_\_\_\_

Age \_\_\_\_\_ Education Degree(s) \_\_\_\_\_

How did you hear about the Three Fold Way?

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How long have you been on a personal growth/therapy path? \_\_\_\_\_

What growth, therapy and/or spiritual paths have you pursued?

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Are you currently in therapy? [Y] [N] If yes, please explain briefly

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Do you have any health problems that might hinder your participation in group work? [Y] [N]  
If Yes, please explain briefly:

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Do you have any mobility problems that limit your capacity to get around? [Y] [N]  
If so, please explain:

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Tell us a bit about your interests, hopes and/or expectations regarding participation in a Three Fold Way program

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Add any other comments that would help us know you and your interests better

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**Don't forget your photograph!**  
**Please attach the completed form and e-mail to:**  
**threefoldway@aol.com**