



InnerPathWorks

# INNERPATHWORKS APPLICATION

Today's Date

**Gap Semester** Desired Enrollment Date (rolling admission)

OR

**10-day Summer Pathfinder Intensive** (Select Session)

Session 1

Session 2

Session 3

[\(view session dates\)](#)

How did you initially find out about InnerPathWorks?

(What sources did you utilize?)

Educational Consultant

Publication: TeenLife Gap Year Program Guide

Social Media: Facebook LinkedIn Pinterest Twitter

Web Search: Search Term

InnerPathWorks Website

Friend/Acquaintance Referral

Other

***Please complete all of the following questions with complete and accurate information.***

Applicant's Legal Name

Name applicant wants to be called

Address

City, State or Province, Zip, Country

Phone: Home

Work

Cell

Fax

Other

Email Address

Date of Birth

Current Age

Birth Place

Height

Weight

Hair Color

Eye Color

May we visit any of your social media sites? If so, please include address

***Please take this opportunity to complete the "Who are you?" questionnaire.***

**FORMAL & ALTERNATIVE EDUCATION INFORMATION**

What formal education have you completed? (Years of school completed, degrees, certificates, endorsements)

List special projects, training, service and adventures you experienced before and during high school.

Please indicate all schools, programs, workshops and seminars you have completed since high school.

If you have had any tests (academic, intellectual, personality or interest testing), please list what the assessments identified about you.

## **EMOTIONAL HISTORY AND CONCERNS**

*(Knowing if you have emotional challenges and what they are helps us better serve you.)*

Have you had significant traumatic events (abuse, rape, terror, etc.)? If yes, please provide additional information.

Have you ever been hospitalized for psychiatric or psychological reasons and /or been diagnosed with a mental disorder? Has your struggle been aligned with a diagnosis (i.e. anxiety, depression, bipolar disorder, OCD, ODD, PTSD)? Please provide information relating to significant circumstances (hospital name and telephone number, physician's name and telephone number, date(s) of treatment, length of treatment, diagnosis, if available).

If you have a history with any of the following, please provide detailed information in the space provided:

- suicide attempts or ideation
- self-harm, bizarre or unusual behavior
- conviction(s) of misdemeanor or felonies
- violent or aggressive behavior
- eating disorders
- addictions
- substance abuse

If applicable, also list any and all inpatient and outpatient treatment programs attended.

***Please provide (or arrange for submission of) pertinent psychological records for evaluation.***

**Financial Sponsor:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State or Province, Country, Zip: \_\_\_\_\_

Phone/Email: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Other) \_\_\_\_\_ (Email) \_\_\_\_\_

**Emergency Contact**, if parents cannot be reached: \_\_\_\_\_

Address: \_\_\_\_\_

City, State or Province, Country, Zip: \_\_\_\_\_

Phone/Email: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Fax) \_\_\_\_\_ (Cell phone) \_\_\_\_\_ (email) \_\_\_\_\_

Insurance Information:

**PARENT INFORMATION**

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Step Father: \_\_\_\_\_

Step Mother: \_\_\_\_\_

Please include the following information for the persons identified above:

Home Address

Home Phone

Business Phone

Cell or Voicemail

Email

Occupation/Title

**PARTICIPATION RELEASE**

I am fully aware that **InnerPathWorks/SouLore** participants engage in a large variety of physical, emotional, mental and spiritual activities. They range but are not limited to wilderness training, farming, indoor and outdoor athletics, vocational training, world travel, psychological and emotional training, and much more. I am further aware that there are substantial risks inherent in these activities. I hereby release

**InnerPathWorks/SouLore.** its officers, employees, representatives and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any and all activities and operations.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

\_\_\_\_\_  
(Participants Signature) (Date)

Print: \_\_\_\_\_

(Student's Name)

### **PARENT PARTICIPATION RELEASE**

As the parent of the participant I understand that I will also be in training while my adult child is in the program. This training will include a three day workshop with the option to participate in a Vision Quest. I recognize that my training will include activities that include outdoor activities, and emotional, mental and spiritual challenges.

I am further aware that there are substantial risks inherent in these activities. I hereby release **InnerPathWorks/SouLore,** its officers, employees, representatives and agents from any and all liability for property damage and personal injury in any form whatsoever caused by or arising from participation in any and all activities and operations.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

\_\_\_\_\_  
Parents Individual Signatures and Date)

Print Names: \_\_\_\_\_

### **MEDIA RELEASE**

I, (participant) \_\_\_\_\_, hereby grant permission to **InnerPathWorks/SouLore** to use photographs, audio, video, or other artistic representations of me for the purpose of advertising, publicity, brochures or educational purposes.

I have read this Release and understand all of its terms. I sign this Release voluntarily and with full understanding and knowledge of the claims I am releasing and waiving.

\_\_\_\_\_  
(Participants Signature and Date)

Print Names: \_\_\_\_\_

(Student's Name)

### **ENROLLMENT CONTRACT**

Participants name: \_\_\_\_\_ address/phone: \_\_\_\_\_

Financial Sponsor: \_\_\_\_\_ address: \_\_\_\_\_  
phone/fax: (work) \_\_\_\_\_ (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (email) \_\_\_\_\_

### **SCHEDULE OF FEES**

**Normal stay is four to eight months, depending on need, interest and purpose of enrollment. A minimum of four months is highly recommended. Shorter custom lengths of enrollment can be arranged with the director.**

Student - Who Are You

Monthly Tuition comes out to \$ 4,000.00 per month