

Please complete the following application and either mail it to us (Trinity School of Natural Health / 220 Parker Street / Warsaw, IN 46580) or FAX it to Trinity (574-268-5393). Applications can be submitted online at www.trinityschool.org.

Name (First/Middle/Last) _____

Address _____

City _____ State _____ Zip Code _____

Day Phone _____ Evening Phone _____

Email _____

Fax _____ Date of Birth (M/D/Y) _____

High School _____

College/Trade School _____

Natural Health Education _____

Vocational or Professional Background _____

Present Occupation _____

How do you expect to use your education from Trinity School? _____

How did you learn about Trinity School? Were you referred by someone? Who? _____

Print your name as you wish it to appear on your diploma (please note we cannot add titles to your name)

Program & Payment *Please select program with the payment option below*

By selecting your program, you are authorizing us to process your credit card according to the payment schedule below. If paying by check or money order, please include the correct payment for the option you are choosing. The down payment is a minimum that is needed enroll in a program. You may pay more than the minimum down payment, and the monthly payment amount will be adjusted accordingly. A CNHP discount of \$250 is available on the ND program ONLY. To receive this discount you must be a graduate of the CNHP program. Tuition will be adjusted to the original fee if you select the CNHP discount and have not completed all 5 seminars.

Installment Plan

- | | |
|---|---|
| <input type="checkbox"/> Doctor of Naturopathy | \$3495 (\$250 down, 15 monthly payments \$216.33) |
| <input type="checkbox"/> Doctor of Naturopathy (with CNHP discount) | \$3245 (\$250 down, 15 monthly payments \$199.67) |
| <input type="checkbox"/> Master Herbalist | \$1645 (\$250 down, 15 monthly payments of \$93) |
| <input type="checkbox"/> Master Iridologist | \$1645 (\$250 down, 15 monthly payments of \$93) |
| <input type="checkbox"/> Certificate in Nutritional Counseling | \$1645 (\$250 down, 15 monthly payments of \$93) |
| <input type="checkbox"/> Certified Health Specialist | \$795 (\$200 down, 5 monthly payments \$119) |
| <input type="checkbox"/> Associate Degree in Biblical Studies | \$1645 (\$250 down, 15 monthly payments of \$93) |

Pay in Full

- | | |
|---|--------|
| <input type="checkbox"/> Doctor of Naturopathy | \$3195 |
| <input type="checkbox"/> Doctor of Naturopathy (with CNHP discount) | \$2945 |
| <input type="checkbox"/> Master Herbalist | \$1500 |
| <input type="checkbox"/> Master Iridologist | \$1500 |
| <input type="checkbox"/> Certificate in Nutritional Counseling | \$1500 |
| <input type="checkbox"/> Certified Health Specialist | \$695 |
| <input type="checkbox"/> Associate Degree in Biblical Studies | \$1500 |
| <input type="checkbox"/> Individual Class (no program) | \$250 |

Enroll in all 4 programs (ND, MH, CNC and CHS) right now, and save over \$550!

Please note: This option is ONLY available at the time of enrollment—the option cannot be applied after enrollment.

- | | |
|--|---|
| <input type="checkbox"/> Installment Plan | \$4225 (\$400 down, 24 monthly payments \$159.38) |
| <input type="checkbox"/> Installment Plan (with CNHP discount) | \$3975 (\$400 down, 24 monthly payments \$148.96) |
| <input type="checkbox"/> Pay in Full | \$3955 |
| <input type="checkbox"/> Pay in Full (with CNHP discount) | \$3705 |

Payment Due Date (Installment Plan Only)

Select the date for your monthly payment (this due date will apply to the automatic monthly credit card payment option below). If one is not chosen, your payment will be due on the 10th. Due dates cannot be changed after enrollment. There is a 10 day grace period. After that, a \$25 late fee will be added to the account.

- 10th
 20th

Payment Option (Installment Plan Only)

If you are interested in Trinity School processing your payment automatically each month, please select an option below.

- Automatically process my monthly payments to the credit card used on this application.
 I would like to receive a coupon booklet to handle monthly payments.

Payment Method

We must have payment to process your application completely. If payment is not included, we cannot process your application. Unprocessed applications will be held for up to 30 days without payment or other missing information.

- Check Enclosed (personal check, cashier's check or money order)
 Credit Card Payment (Visa, MasterCard, Discover or American Express only)

Cardholder Name _____

Credit Card Number _____

Expiration Date _____ CVC (3 or 4 digit code on back of card) _____

Specific Down Payment Amount (if different from payment schedule) _____

Statement of Agreement

I understand that the programs offered are by a nontraditional school. I agree that I will use any designation I receive in accordance with applicable laws in the state in which I reside. I understand that this program does not qualify me to practice medicine or any other practice reserved currently by state law for licensed professions. I understand that no employment will be offered to me as a result of taking any program from Trinity School.

I understand that the course exams will be supplied by Trinity School; however, I will be required to purchase my own textbooks or other course materials. Trinity School will pay the cost of shipping exams to me and I will pay the postage to return assignments to the Trinity.

I understand that since this is considered a professional, educational experience, all course assignments MUST be typed and double-spaced (unless the directions of the class tell me differently). I agree to retake any exams in which I fail in order to secure a passing score and that the decision of the faculty and administration is final.

There is no set time in which I must complete any individual course; however, it is my intention to complete the entire program within five (5) years from the date of enrollment. I understand that the five (5) year time limit applies to the Doctor of Naturopathy, Master Herbalist, Master Iridologist, Certificate in Nutritional Counseling and Associate Degree in Biblical Studies programs. The Certified Health Specialist program has a time limit of two (2) years. I agree to abide by the school's handbook concerning all matters pertaining to enrollment and completion of the program. I also understand that should I add on an additional program, I will be given three (3) years to complete that program. I understand that should I take just one (1) class (not a program), I have a time limit of three (3) months. I understand that should the course/program not be completed within the appropriate time limit, all monies will be lost and I cannot complete that course/program.

I understand that time is of the essence in any financial agreement; therefore, the final course will not be issued until all monies have been received.

I understand the terms of the refund policy as stated in the Trinity School of Natural Health catalog and acknowledge that tuition is considered fully earned after eighteen (18) months, and all application fees are nonrefundable.

I agree to abide by the school's handbook and policies and understand that any decision made is at the discretion of the staff at Trinity School.

Signature

By signing this application, you are stating that you have read and agree to the terms discussed in the **Statement of Agreement**.

Your Signature _____ Date _____

Notes