2015 Self Mastery Program with *Mary Hayes Grieco*
Student Application

Name: _____

Address: _____

_____

Phone: (cell) _____ (home) _____

E Mail: _____

Date of Birth: _____

I am interested in taking this program:
( ) for personal growth ( ) for expanding my professional skills ( ) Both

Please note your highest academic training level

Please list additional personal growth training you've experienced

Are you actively practicing a spiritual path at this time?

Are you currently in therapy? _____

Under the care of a psychiatrist? _____

Using a medicine for mental health and balance? _____
Which one?

Student Application (cont.)

What are your passions? What do you consider to be your greatest strength?

What do you consider to be your greatest weakness or challenge?

Are you already aware of specific forgiveness issues you want to work on?

What gifts do you bring to a group learning situation?

What concerns do you need addressed in order to be comfortable in a group?

Do you have other thoughts about why this program is just right for you now?

How did you hear about this program?

After you have discussed and confirmed your enrollment with Mary,
Return this application/payment agreement with your deposit to
Mary Hayes Grieco 2100 1st Av. So. Minneapolis, Mn. 55404 #103

The 2015 Self Mastery Program
Student Participation Agreement and Payment Plan

I, _____ _____, am enrolling in the
2015 Nine Month Self Mastery Program with Mary Hayes Grieco,
and I understand and agree with the following statements:

I understand that this program will present material intended to stimulate growth on all levels: physical, emotional, mental, and spiritual.

I understand that the program is emotionally intense at times, and I consider myself to be mentally and emotionally stable and capable of working through any emotional issues that may arise during this program, with the support of Mary, the group, and the tools presented. In terms of course content, I agree to utilize whatever I think is good for me and I can choose to disregard any material that I disagree with or feel is inappropriate for me personally. I also understand that I can freely choose to participate with the exercises in the program or not, according to my own desires and personal boundaries. I agree to discuss any problems or concerns about the program's content or my participation in the program with Mary or her assistant.

I understand that this is a facilitated emotional healing process that has been helpful to many people.
I understand that Mary is not a licensed psychotherapist, and that she will make recommendations for additional professional help for me if she perceives it is needed for issues beyond the scope of her experience or this program.

I understand that if I decide that the program is not right for me by the end of the February weekend, I can drop out, and I am responsible at that point for only the value of the January and Feb weekend payments, plus the $300 deposit, for a total cost of $900. I understand that if I stay in this program after February I am expected to continue the program to completion, and that I will pay the full balance on the price of this course, $2700, even if I miss a weekend(s) due to illness or other circumstances.

(OVER)

I choose the following payment plan for the $3000 program fee:

_____ $300 deposit paid today**, 3 payments of $900 each in _____, _____, & _____ .**

_____ $300 deposit paid today, **9 payments of $300** each starting in January 2015
Total amount to be paid in full by December, 2015.

_____ $300 deposit paid today, **1 payment of $2700** paid in full in by May, 2015

I will bring my best to this program, and I am open to giving and receiving unconditional love !

_____ (Signature and Date)

Return to Mary Hayes Grieco 2100 1st Av. So. Minneapolis, MN 55404 #103