



Become An Empowered Being  
Program Application

Name:	Birthdate:
Address:	
Phone:	e-mail:
Profession:	
Background with Coaching/Energy Work:	
Primary Intention for Taking Program:	
Other Intentions for Taking Program:	
What Are Your Greatest Strengths?	
What Are Your Biggest Blocks?	

Are You Currently Taking Any Medications for Depression or Anxiety?

Yes

No

(Your answer will not affect your ability to be in the program.)

Do You Regularly Drink Alcohol or Take Non-Prescription or Psychotropic Drugs?

Yes

No

Do You Have Excessive Credit Card Debt?

Yes

No

Please Answer the Following Questions Open and Honestly...

Your answers have no effect on your ability to participate in the program.

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Do you love to start projects but rarely finish them?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Do you love live theater more than movies and TV?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are you looking forward to retirement?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do you love the latest trends in....anything and everything?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you happiest in a loud, passionate family (or business?)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Do those "new kids on the block" who are doing things differently bother you?                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Do you have the latest phone, computer, or laptop (or wish you had)?                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Do you love the point in creating when everything is a mess around you and the outcome is not yet known? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Do you think you've gotten fairly good at life lessons such as career, relationships, health?            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 10. Would you consider yourself "ever a bridesmaid" and never the "bride?" (metaphorically speaking)        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11. Does it seem like there's always some kind of crisis going on around you (or to you)?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12. Do you love completing a project, goal, or dream?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13. Do you get very close to completing a goal...and then abandon it?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 14. Are you happier with lots of clutter around?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 15. Do you have a great sense of self worth?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 16. Are you constantly looking for something new?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 17. Are you constantly looking for something to create?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 18. Are you successful in many areas of your life but feel jaded about it?                                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 19. When faced with adversity...would you rather walk away?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 20. When faced with adversity...do you respond with the joy of the challenge?                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

21. When faced with adversity...do you stare it down into submission?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22. If you were a singer and became famous for just one song and had to sing it all the time, would you change careers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. If you were a singer and became famous for just one song and had to sing it all the time, would you feel like you're in hell (but keep singing it anyway?)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. If you were a singer and became famous for just one song and had to sing it all the time, would you be contented and fulfilled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to make the financial commitment of (one) \$200 deposit and \$150/month for 9 months, deducted automatically?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> By clicking the box to the left, you state that you have read to the Terms and Conditions page on my website (also found at <a href="http://www.RayofLifeHealing.com/Terms-and-Conditions/">www.RayofLifeHealing.com/Terms-and-Conditions/</a> ) and agree to the Refund and Cancellation policy listed under 'Study Programs'.		

*Thank you for taking the time to fill out this application!*

Please save a copy of it for your records, and e-mail me the filled-out form for consideration into the program.

Your application will only be accepted for consideration upon submitting your \$200 deposit.

If for some reason your application is denied, your deposit will be refunded immediately.

If your application is accepted, you will be notified by phone or e-mail, and you will receive your first introductory video explaining the program in more detail, and how we will move forward together throughout the course.

Your instruction manuals will arrive within approximately 30 days from the date of your acceptance into the program.

If you have any questions or concerns, please e-mail me at: [Scott@RayofLifeHealing.com](mailto:Scott@RayofLifeHealing.com), or call me at (419) 705-5384, and I will be happy to assist you!