

# Awaken Your Gifts Mentorship Academy

**Application Form (4 Weeks • 8 Weeks • 12 Weeks • 6 Months)**

## **Welcome**

Thank you for your interest in joining a sacred mentorship container with Translated Soul. This application helps us understand where you are, what you're seeking, and which option will best support you.

## **1) Applicant Information**

Full Name:

Pronouns (optional):

Email:

Phone:

City/State/Country:

Time Zone:

Preferred Contact Method (text/email/call):

Best Days/Times to Reach You:

## **2) Program You're Applying For**

Select one:

1. 4-Week Cohort — Discover Your Gifts Journey
2. 8-Week Cohort — Awaken & Strengthen Mentorship

3. 12-Week Signature Container — Sacred Gifts Mastery Mentorship
4. 6-Month All-Inclusive — Sacred Gifts Expansion Mentorship

If you're unsure, tell us what you're leaning toward and why:

### **3) Your Intuition + Sensitivity (Current Experience)**

Answer as openly as you'd like.

1. What made you feel called to apply right now?
2. How do your gifts currently show up (examples: "I just know," vivid dreams, feeling others' emotions, sensing energy, hearing/seeing messages, body sensations, synchronicities, etc.)?
3. What feels most challenging right now (examples: fear, anxiety, overwhelm, doubt, boundaries, confusion, inconsistency, spiritual burnout)?
4. On a scale of 1–10, how much do you trust your intuition today? Why?

#### **4) Support + Healing Readiness**

1. What do you want to heal or clear during this journey (emotional blocks, self-doubt, grief, fear, people-pleasing, trauma patterns, etc.)?
2. What would “feeling safe in your gifts” look like for you?
3. What does your current support system look like (friends, therapist, community, spiritual practices, etc.)?

#### **5) Boundaries + Safety (Important)**

1. Do you have a history of severe mental health symptoms that could be destabilized by spiritual practices (examples: psychosis/mania, active suicidal ideation, unmanaged PTSD episodes)?

Yes / No

If yes, please share what support you currently have in place.

2. Are you currently under the care of a licensed mental health professional?

Yes / No

3. Are you currently using substances in a way that feels out of control?

Yes / No

Note: This mentorship is not a substitute for medical or mental health treatment. We can still support you, and we may recommend additional resources if needed.

## **6) Time + Commitment**

1. Weekly calls are once per week. Are you able to attend live most weeks?

Yes / No / Sometimes

2. If you miss a session, will you commit to watching the replay within 7 days?

Yes / No

3. How many hours per week can you realistically dedicate to practice/homework?

4. What might get in the way of your consistency, and how can we support you?

## **7) Goals + Outcomes**

1. What are your top 3 goals for this mentorship?

2. What would make this experience a “yes, it was worth it” for you?

3. In 6 months, what do you want to be able to do confidently that you can't do today?

## **8) Payment + Logistics**

1. Are you planning to pay in full?

Pay in full / Zelle/CashApp/Venmo

## **9) Anything Else You Want Us To Know**

Share anything you feel matters, your story, your concerns, your hopes, or what you're afraid to say out loud.

## **10) Agreement + Signature**

By submitting this application, I understand and agree:

- This mentorship supports spiritual development, emotional clearing, and personal growth.
- It is not medical care, psychotherapy, or a substitute for licensed mental health treatment.
- I am responsible for my own well-being and will seek professional support when needed.
- I will show up with respect, confidentiality, and personal responsibility in a group container.

Full Name:

Signature (type your name):

Date:

**Next Step**

After you submit your application, we'll review it and reach out to schedule your complimentary consultation with Cindy & Steve.