



# Application to The Wisdom Grace Mystery "school"

Print this form and mail to: The (W)hole Point Institute, LLC  
129 Harriman Hill Road  
Raymond, NH 03077

Name: \_\_\_\_\_

*To be assigned once accepted into WGMs*

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

WGM # \_\_\_\_\_

Phone: \_\_\_\_\_

Mystic Level

Email: \_\_\_\_\_

Master Mystic Level

Photo: Attach photo to application (head/shoulder photo)

**Application statement—no more than two pages. Must be hand-written, answering the following questions:**

- What draws you to The Wisdom Grace Mystery?
- Who do you know yourself to be?
- What does "being" a Mystic signify to you?
- What do you imagine you will "graduate" from WGMs with?
- Anything else you would like to say on your behalf.

**Application fee of \$550.00.** The application fee will be refunded if you are not accepted into the WGMs; otherwise, this same amount (\$225.00) will be credited towards your account. The remaining \$225.00 pays for the processing of your application. The "experience clusters" are paid for in the order the Mystic Apprentice participates in them. Payment schedules are arranged with each Mystic Apprentice so that each Mystic Apprentice may move at their own pace. Your application fee is your firm commitment to the entire level (Mystic or Master Mystic or both) to which you are applying and its associated costs. Mystic Apprentices receive discounted prices on all experience clusters.

**My signature below signifies that I understand:** Acceptance into the WGMs is a privilege and honor. By the act of choosing to be and being chosen as a Mystic Apprentice, I AM acknowledging and honoring my depth of life wisdom and presence. I willingly choose to participate in the entirety of the level to which I am applying. I fully accept the spiritual, psychological, and financial commitments of a Wisdom Grace Mystic Apprentice. I agree to abide by all the standards of self-recognition, dedication and ripening awakening as they are revealed to me through the *Wisdom Grace Mystery* itself.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary: \_\_\_\_\_

(date & seal)

**To pay by credit card:**

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Credit Card Number \_\_\_\_\_ CVV \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Zip code \_\_\_\_\_

**To pay by check:** Please make check payable to E.C. Chadwick