

*Your Personal S.P.A.*  
**SPECIFIC PLAN OF ACTION**

**MENTORING PROGRAM APPLICATION FORM**

First and Last Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

\*Please answer the questions below.

How did you learn about Sherry Boykin? \_\_\_\_\_

Have you been in a mentoring program before?  Yes  No

Are you currently in therapy?  Yes  No If yes, what kind? \_\_\_\_\_

What are your current top 3 areas of concern? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you ready to invest \$1,500 USD in yourself for 3 months in this program? Upon acceptance, you will be sent a Mentoring Agreement requesting your signature and a one-time fee of \$1,500 USD total for the 3-month program.  Yes  No

I understand that this mentoring program is Christian-faith-based and is for the purpose of encouragement, insight, perspective-shifting and behavior change. I understand that the mentor does not diagnose any disorder or disease of the body, nor any mental or psychological condition. I understand that this mentoring program is not therapy nor is it a replacement for therapy. I understand that neither Sherry Boykin nor Faith and Tales LLC prescribes medical treatment for any clients.

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

\*Please email this completed application to: [Info@SherryBoykin.com](mailto:Info@SherryBoykin.com) and we will respond as soon as possible.