

Satyagraha Institute

2018 Application

Please read instructions at satyagrahainstitute.org/application.

APPLICANT

- Full Name: _____
- Name which you prefer to be called: _____
- Mailing Address: _____
- City: _____ State/Province: _____
- Zip/Postal Code: _____ Country: _____
- Home Phone: _____
- Cell Phone: _____
- Email: _____
- Date of Birth: _____ Gender: _____
- Citizenship: _____
- Race/Ethnicity: _____
- Language(s): _____

REFERENCES

Please ask two persons, other than family members, who are familiar with your background and interests to write letters of reference for you and send them to us. *Both reference letters must be received before your application will be considered complete.*

- Name: _____ Relationship: _____
- Email: _____ Phone: _____

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- Email: _____ Phone: _____

GENERAL INFORMATION

- Briefly describe your current work/employment.
- List any previous work/employment that you consider noteworthy.
- Are you currently involved in any work for social change that you did not mention above? If yes, briefly describe.
- Briefly describe your educational background, including any degrees received.
- Briefly describe any special skills you have, and hobbies or activities that you enjoy.
- Briefly describe the impact of any contacts or experiences with members of racial, cultural, or religious groups different from your own.
- How did you hear about this program?

- Why do you wish to attend this program?

- If you considered other training programs, what were they? Why did you choose this one?

-What *specific* skills or techniques do you hope to learn during the Institute?

- Describe your current spiritual/meditation practices, if any.

PHYSICAL, PSYCHOLOGICAL, AND EMOTIONAL HEALTH

- Are you currently under a doctor's care? If yes, briefly describe the situation.

- If you use medications, briefly describe the conditions being treated.

- Do you suffer, or have you ever suffered, from any psychological or emotional problems, such as depression, addiction, bipolar disorder, etc.? If yes, briefly describe.

- Are there any other medical, psychological, or emotional conditions that you feel are important for us to know about? If yes, briefly describe.

- Do you have any physical conditions that might limit your ability to get around the camp, travel on field trips, or participate in the daily work period? If yes, briefly describe.

- Do you have any diet restrictions or allergies that we should be aware of?

COMMUNITY LIFE

- Have you ever lived in a community setting? If yes, briefly explain.

- What are your strengths in community living?

- What are your weaknesses?

- What kind of personal time and space do you require?

- Do you smoke?

- Do you snore?

SIGNATURE

My signature indicates that I meet the stated Eligibility Requirements, the information I have provided is correct and, if at any time my circumstances change, I will inform Satyagraha Institute.

Signature: _____

Date: _____