



RESIDENTIAL BASIC PROGRAM STUDENT APPLICATION FORM

This questionnaire is meant to make your residency with us as beneficial as possible. Please provide the requested information as concisely and completely as possible.

Applications for admission must include the following:

- Completed application form (see below)
- Purpose statement (half page stating your motivation for wishing to enrol in the Basic Program and study at Root Institute)

Please send your completed application to the Director of Root Institute at:

director@rootinstitute.ngo

Applications must be received by August 1.

You can enter the Basic Program after it has started, at the beginning of each new subject; please make sure we receive your application at least one month in advance.

Full Name:

Ordination Name (if applicable):

Gender:

Date of Birth:

Age:

Citizen of:

Address:

Tel#:

E-mail:

Emergency Contact Information:

Name of Person and relationship to you:

Address:

Tel #:

E-mail:

1. What is your primary spoken language? :.....
 2. Do you feel confident to communicate and study in English? :.....
 3. When would you like to arrive to begin the Basic Program? :.....
 4. (Applicable only after the program has begun:) When do you wish to start your BP studies, with which subject? :
 5. Please give an outline of the main Buddhist studies and retreats you have undertaken in the past (briefly mention any background you may have in Tibetan Buddhism or any other Buddhist tradition):
- :.....
- :.....
- :.....

6. Please provide a brief resume of your education, interests and professional work experience and skills: :.....
- :.....
- :.....
- :.....

Medical

1. Have you been medically treated for any psychological or serious physical condition in the last two years that may or may not be useful for us to be aware of in the event of an emergency?
(E.g. diabetes, high/low blood pressure, heart condition, asthma, epilepsy, depression, schizophrenia, insomnia, eating disorders etc.)? :.....
- :.....

2. Do you have any physical problems that would restrict the type of work for karma yoga?
(E.g. dust allergies that may prevent you from working with some art products, back problems that may prevent you from doing some types of manual work).
If so, please provide details. :.....
- :.....
- :.....

3. Have you ever been treated for any form of substance or alcohol abuse or had any history of any such abuse?
If so, please provide details. :.....
- :.....
- :.....

General

1. How did you find out about the Basic Program at Root Institute? :.....

2. What do you know about Lama Zopa Rinpoche and The Foundation for the Preservation of the Mahayana Tradition? :.....

:.....

:.....

4. Why would you like to come to Root Institute? What are your hopes and expectations for your stay and study at Root Institute? :.....

:.....

:.....

:.....

Financial

Please provide a brief description of your financial situation; how long do you anticipate this will allow you to dedicate yourself full-time to the Basic Program?

:.....

:.....

:.....

Do you require financial assistantship? YES/NO

If so what is the amount of financial aid that you are seeking?

Are you willing to extend your karma yoga hours in any one of our projects or in the main office to cover your expenses? YES/NO

Required Obligations

Do you consent to abide by the following rules during your stay at Root Institute:

- To follow the five Precepts of refraining from killing, lying, stealing or taking that which is not freely given, consuming any intoxicants such as drugs or alcohol, and refraining from sexual activity while living on Root Institute campus?

YES/NO

- To refrain from smoking tobacco (smoking is not permitted for any residents)

YES/NO

- I accept responsibility to comply with any visa regulations that may be applicable to my stay in India before my agreed arrival (Note: It is obligatory for all residents to

comply with all visa requirements that may apply during their stay at Root Institute)
YES/NO

- I accept responsibility to provide full medical costs to cover any medical emergency I may have during my stay at Root Institute
YES/NO

IMPORTANT, PLEASE READ:

By submitting this application, I also certify that all statements and claims made in this form, or any other information I provide to Root Institute, are truthful. I understand that any omissions or false information are grounds for immediate decline of the application and/or termination of my residency at Root Institute or any of its properties.
YES/NO

Please do not make any travel arrangements to come to Root Institute until you have received your invitation to become a resident.

If you have any questions or points you would like to bring to our attention, please do not hesitate to include them on this form or e-mail us at any time. We are more than happy to help in any way we can.

Thank you.

Date:

We will confirm receipt, and will process and respond to your application as soon as possible.