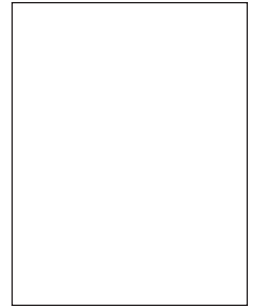




HIMALAYAN INSTITUTE®

952 Bethany Turnpike, Honesdale, PA 18431-4194 USA | phone 570.253.5551 | fax 570.253.4500  
residential@himalayaninstitute.org | www.HimalayanInstitute.org



Attach recent photo here

## Residential Internship Application for Admission

Please Print

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  Female  Male Social Security No. \_\_\_\_\_

Marital Status \_\_\_\_\_ Number and Ages of Children \_\_\_\_\_

Health Insurance \_\_\_\_\_

Education \_\_\_\_\_

Profession \_\_\_\_\_

Present Occupation \_\_\_\_\_

Your reason(s) for wishing to participate in this program: \_\_\_\_\_

Requested length of stay:  1 month  2 months  3 months  Transfer to Self-Transformation

Internship Program

**(Please note that the first month's tuition is nonrefundable.)**

Requested dates of stay: \_\_\_\_\_

Have you applied for the Self-Transformation Program or Residential Internship Program in the past?  Yes  No

If yes, when \_\_\_\_\_

How did you hear about the Himalayan Institute? \_\_\_\_\_

Have you studied yoga or meditation?  Yes  No If yes, to what extent? \_\_\_\_\_

Mantra Initiation?  Yes  No By Whom? When? \_\_\_\_\_

In case of emergency contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_

If you have any physical restrictions that would affect your activities in this program, please specify.

\_\_\_\_\_

(If you are currently under the care of a physician and wish to see one of our staff physicians during your stay, please have your chart sent to the Himalayan Institute Center for Health and Healing prior to your arrival. There are additional charges for medical appointments with staff physicians.)

Please list Himalayan Institute classes or seminars that you have attended (location and approximate date) and the books on yoga or spiritual practice that have influenced you the most.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please let us know your activities during the past six months.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you assess your level of self-motivation and self-discipline in regards to participating in the Residential Internship Program?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized or under institutional care due to any emotional or physical problems during the last 10 years?  Yes  No If yes, please provide pertinent details. Include mention of any outpatient medical or psychiatric care as well as any treatment for alcohol and/or drug abuse.

\_\_\_\_\_

\_\_\_\_\_

Have you been to therapy for depression or any other emotional disorder in the past 10 years?

Yes  No If yes, please provide pertinent details.

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking any medication vital to maintaining physical or emotional well-being?

Yes  No If yes, describe in detail.

\_\_\_\_\_

\_\_\_\_\_

Please comment on your ability to adapt to a vegetarian diet which includes dairy and eggs?

\_\_\_\_\_

\_\_\_\_\_

Please comment on your ability to adapt to our daily schedule (posted on the STP web page) including rising early (5:00-5:30 a.m.) and retiring early (10:00 p.m.).

\_\_\_\_\_

\_\_\_\_\_

Please read the Program Terms and Conditions section in its entirety, paying specific attention to the section regarding *Off-Campus Activities, Dress and Conduct, Emotional Relationships* and *Quiet Times*.

Please tell us about your willingness to adhere to the terms outlined in all four subject areas.

Off-Campus Activities:

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Dress and Conduct:

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Emotional Relationships:

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Quiet Times:

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If more space is needed, attach additional sheets of paper. Please attach a recent photo to your application.

**Note: Foreign applicants must attach a photocopy of their passport and/or visa to this application.**

*Please read the following Program Terms and Conditions carefully and sign where indicated. Completed applications and deposits should be sent to the Himalayan Institute, Attn: Residential Program Coordinator, at the address listed on the front page of this form.*

## Program Terms and Conditions

Admission to the Himalayan Institute residential programs is by application only. Application does not ensure participation in the program. Please apply at least 30 days in advance of your anticipated participation. The Residential Internship Program begins the first week of each month. Late arrivals will be permitted only with the approval of the program coordinator.

**Cost/Payment:** See enclosed rate sheet. A nonrefundable, nontransferable deposit of \$75 is due with your application. The balance is due upon arrival.

For the Residential Internship Program, which can run from one to three months, the monthly tuition covers from the first day of the month to the last day of the month. (For example, for programs beginning on April 1, the payment would cover 30 days; for programs beginning on July 1, the payment would cover 31 days.) Payment may be made in U.S. dollars only by cash, cashier's or bank check, money order, Visa, or MasterCard. (Please do not send cash through the mail.)

**Program cost includes:** A private room with a twin bed, dresser, and sink in the room; shared hall bath. Three vegetarian meals per day are served. Breakfast is hearty, lunch is the main meal of the day, and supper is a light meal. The Institute menu includes grains, legumes, fruits, vegetables, and dairy products. Hot beverages without caffeine are available in the guest lounge. Bed linens and towels are provided. Those wishing to extend their stay to a one-year Residential Internship Program need to provide their own bed linens and towels. Laundry facilities are provided.

Also included are group meditation twice per day; four hours of karma yoga (selfless service) per day (seven hours when you transfer into the Residential Internship Program), and the use of the Resident's Lounge and its library, indoor exercise equipment, the tennis, basketball and handball courts, and the hiking trails. Ongoing hatha yoga classes, regularly scheduled weekend seminars, and educational and Institute social functions are also included in the program.

**Program cost does not include:** Insurance of any kind; medical appointments with staff physicians, biofeedback or other holistic health services; participation in the Teachers Training course; fax or photocopy services; stationary or other supplies for personal use; postage stamps; laundry soap; or transportation to or from any airport, bus station, or elsewhere.

**What to Bring:** Personal toiletries including soap and shampoo, bathrobe, slippers, alarm clock, umbrella, flashlight, hatha yoga mat, and clean, modest, comfortable clothing suitable for the time of the year of one's participation, including loose clothing for doing hatha yoga. If you would like to use the tennis courts or the nearby ski resorts, please bring your own sports equipment. Please bring whatever is needed for personal medical or health concerns.

**Extended Stays:** For Self-Transformation and Residential Internship (one-year) Programs, approval for participation is made on a one-month trial basis. If you wish to extend your stay beyond ten days, please see the program coordinator for details and for the additional cost for transferring into another residential program.

**Refunds and Shortened Stays:** The first month's tuition is non-refundable. If a participant in a longer than one-month program must shorten their program for any reason, the cost of the actual stay will be calculated at the prevailing program rates in effect at the time.

**Off-Campus Activities:** We have found that changing from a hectic daily routine to a quiet, meditative lifestyle takes time. To enhance that process, it is best to have as few distractions as possible. To minimize distractions, and to help maintain inner focus, it is suggested that a participant remain on campus for the first month of the program. Thereafter, it is helpful to limit off-campus trips for necessities to once per week. This gives you the opportunity to participate more fully in the program so you will gain the maximum benefit.

**Dress and Conduct:** Clean, modest attire is appropriate for your stay at the Institute. Shirts and footwear must be worn in the public areas of the building and shirts are to be worn outside. We ask that you refrain from wearing short shorts, tops with spaghetti straps, halter tops, tank tops, plunging necklines or backs, and miniskirts.

Smoking is permitted only outdoors, at least 100 feet away from buildings and picnic areas. Alcohol and illegal drugs are strictly prohibited.

**Emotional Relationships:** In an effort to help you avoid distraction and to concentrate your energy fully on your quest for self-discovery, we suggest that you avoid forming and/or maintaining intense emotional relationships during your brief stay at the Institute. Such relationships divert energy from your inner focus.

**Quiet Times:** Because we have found that external silence enhances the experience of inner quiet in meditation, we maintain silence in the residential wings from 10:00 p.m. to 8:00 a.m. and from 5:00 p.m. to 6:30 p.m. daily. Meals are eaten in silence on Mondays. In order to maintain a calm, quiet atmosphere throughout the day, residents are asked to speak quietly in the main building, and particularly in the residential wings. Earphones must be used with any audio equipment used in participant's room or elsewhere within the buildings or on the grounds.

**Miscellaneous:** Pets and radios (except with earphones) are prohibited on Institute grounds. No tape recording or photography is permitted during any class or lecture.

**Release/Responsibility:** The Institute reserves the right to terminate the stay of any participant in any residential program at any time without liability and without any obligation to pay a refund or any other amount whatsoever.

Representatives of the Institute may at any time photograph and/or videotape particular seminars, lectures, special programs, or other activities. The Institute reserves the right to use any such photograph or videotape in Institute publications, advertising, displays, and publicity materials without obtaining further consent from any program participant. Each program participant releases the Institute and its representatives from any liability in connection with any such use of such photographs and/or videotapes.

**Agreement:** I have read the terms and conditions governing the Residential Internship Program and agree to abide by those terms and conditions. I also understand that if I do not follow these terms and conditions, I will be required to leave the program immediately. As a participant in any residential program, I understand that I am not in an employment relationship with the Himalayan Institute and am not covered by any health insurance policy or program, workers' compensation insurance, or disability insurance maintained by the Himalayan Institute. I agree to hold the Himalayan Institute, its officers, agents and employees harmless from any and all manner of liability arising out of any injury sustained by me during my participation in any of the residential programs.

I also understand and agree that all projects, products, creations, artistic works, or other intellectual property which I may undertake or develop on behalf of the Himalayan Institute while participating in any residential program are and will remain the sole property of the Himalayan Institute. I hereby waive and release any and all present and future proprietary rights with respect to such intellectual property, as well as any remuneration or compensation for such intellectual property.

The foregoing information provided by me is true and correct to the best of my knowledge. I have read, understand, and consent to the conditions for admission to the Program set forth above.

By: \_\_\_\_\_ Date \_\_\_\_\_  
*Signature of Program Applicant*

.....  
(FOR OFFICE USE ONLY)

By: \_\_\_\_\_ Date \_\_\_\_\_  
*Signature/Approval of Residential Committee*

By: \_\_\_\_\_ Date \_\_\_\_\_  
*Signature/Approval of Residential Committee*

Program Cost: **Residential Internship Program:** \_\_\_\_\_ month(s) x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Deposit Received: \$( \_\_\_\_\_ )

Balance Due: \$ \_\_\_\_\_

**Transfer to 12-Month STP:**

\$ \_\_\_\_\_

Deposit/Credit: \$( \_\_\_\_\_ )

Balance Due (RIP): \$ \_\_\_\_\_

How Paid (check one):  Cash  Money Order  Check No. \_\_\_\_\_  VISA/MC (circle one)

Date received: \_\_\_\_\_ By: \_\_\_\_\_

Remainder Paid:

How Paid (check one):  Cash  Money Order  Check No. \_\_\_\_\_  VISA/MC (circle one)

Date received: \_\_\_\_\_ By: \_\_\_\_\_

