

NOK FOUNDATION ZEN TRAINING PROGRAM SCHOLARSHIP APPLICATION

223 BEECHER LAKE ROAD
LIVINGSTON MANOR, NY 12758-6000
TEL (845) 439-4566 FAX 439-3119

Please Print.

Spring Kessei/Ango
 Fall Kessei/Ango
 Summer/Winter Work
Exchange

Start Date (mm/dd/yy) / /
End Date (mm/dd/yy) / /

Last Name _____ First Name: _____ Middle Initial: _____

Street Address _____ Apt. #: _____

City: _____ State: _____ Zip: _____ Tel: () _____
Tel: () _____

Place of Birth: _____ Date of Birth: (mm/dd/yy) / / Sex: _____

Social Security Number: _____ Occupation: _____

Employer: _____ Telephone _____

Marital Status: SINGLE MARRIED DIVORCED WIDOWED

Please provide the names and daytime telephone numbers of three non-family personal references you have known for more than 3 years.

1. Name _____
Relationship _____
Telephone _____
2. Name _____
Relationship _____
Telephone _____
3. Name _____
Relationship _____
Telephone _____

Please provide the name, address and daytime telephone numbers of someone we should contact in case of medical emergency.

Name _____
Address _____
Relationship _____
Telephone _____

1. *Please describe your educational background.*

NAME OF SCHOOL / LOCATION	FROM	TO	TYPE OF DEGREE / DIPLOMA	FIELD OF STUDY

2. *What experience do you have in meditation, Zen practice, or any other spiritual tradition and training? Please list the names of your teachers.*

COURSES	CENTER	TEACHER NAME	FROM	TO

3. *Have you ever been a resident of a religious or spiritual community? Please give name and telephone number of organization and dates spent there.*

ORGANIZATION	TELEPHONE #	FROM	TO

4. *Please describe briefly your background, spiritual practice and/or experience with meditation and yoga, etc. and the effect that it has had upon your life. Was there one event that shaped your life and moved you toward these spiritual practices and studies?*
5. *Have you ever been convicted of a felony?*
6. *Are you now, or have you ever been, under the care of a psychiatrist, psychologist, counselor or therapist? Describe.*
7. *Are you now, or have you ever received treatment for depression, attempted suicide, anorexia, bulimia, bipolar disorder, obsessive-compulsive disorder, substance abuse, or any mental, psychological, or emotional disorder? Please describe and provide name and phone number of current caregiver if presently under treatment.*
8. *Whether treated or not, do you believe that you have suffered from any of the above disorders?*
9. *Are you now receiving or have you received in the last five years any medical treatment or prescription medication for diabetes, migraines, allergies, heart condition, or any kind of physical ailment? Please describe and provide name and telephone number of current physician if presently receiving treatment or medication.*
10. *Do you have any specific skills, for example sewing, carpentry, automotive maintenance? Describe.*
11. *Please describe your present home situation.*
12. *What are your plans after finishing this training period?*
13. *How did you first hear about Dai Bosatsu Zendo? What other training programs did you consider and why did you choose Dai Bosatsu Zendo?*
14. *What is your motivation for undertaking Zen Training and how you think it will contribute to your life and allow you to contribute to the lives of others?*

15. **LETTERS OF REFERENCE:** Please provide two letters of reference from a prior employer or spiritual advisor that will specifically support your candidacy for the Zen Training Scholarship Program. References should include phone number, address, e-mail address (if applicable) and relationship to candidate.
16. **LETTER OF COMMUNITY SERVICE FROM DAI BOSATSU ZENDO:** All scholarship recipients are expected to participate in 20 hours of un-paid teaching service after the conclusion of his/her studies. Candidates should come prepared for their interview with a letter from Dai Bosatsu Zendo acknowledging that they have discussed the potential place of service towards completion of 20 hours of teaching.
17. **VERIFICATION OF IDENTITY:** Please provide the following documentation: a passport or a driver's license. In addition, please provide a current passport-size photo.
18. **COPY OF TAX RETURN:** Please provide us with a copy of your most recent tax returns.
19. **RESUME:** Please provide a copy of your most updated resume, specifying languages spoken.
20. **END OF TRAINING TESTIMONIAL:** At the end of the training, you will be required to submit a 1-2 Page testimonial describing your experience of the training, what you gained from the training, its contribution to your life, and how it will enable you to contribute to the lives of others. This testimonial must be submitted within the final two weeks of the training period.

Please sign and date this form.

By signing this form, the applicant attests that the above information is true and authorizes Dai Bosatsu Zendo and NOK to verify the accuracy of such information. All information contained herein shall remain private and confidential.

Dai Bosatsu Zendo may deny residency status to applicants for any reason, stated or unstated, and may also terminate the residency of any person at any point during the training period without stated reason and in its sole discretion and without refund of fees.

I, _____ attest that the information provided above is true and I accept the terms stated herein.

Signature of Applicant

Date:

DBZ Use

Approved By:

Date:

Payment Received:\$

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By:

Date:

Mail completed application to

- 1) Dai Bosatsu Zendo, Attention Shikaryo and (?)
- 2) Att: Paula Tursi
Scholarship Program
NOK Foundation, Inc.
c/o Quest Partners LLC
126 East 56th Street, 19th Floor
New York, NY 10022
Telephone: 212-838-7222
E-mail: info@nokfoundation.com