

**THE MOUNTAIN HERMITAGE**  
**ONLINE Month-long Vipassana Retreat for Experienced Students**  
**with Sayadaw U Vivekananda & Sayalay Daw Vimalanani**  
**April 3 - May 1, 2022**

**APPLICATION FORM**

Please read the *Introduction* and *Practice Guidelines* before completing this application form. We respectfully request that you answer all questions completely and honestly. Applications and fees are requested by March 15, 2022. Late applications will be considered on a space available basis.

This form is confidential and will be seen only by the *Hermitage* retreat teachers, and will be destroyed at the end of the retreat.

Name:

Address:

City/State/Zip/Country:

Phone:

Email:

Date of Birth:

Pronouns:

Occupation:

Please provide dates, locations and teachers of previous Vipassana, Brahma-Vihara/LovingKindness, Compassion, Appreciative Joy, Equanimity, or Concentration retreats. Applicants for this month-long retreat must have sat three or more 7-10 day retreats or a retreat of a month or longer. Attach additional sheet if necessary.

List dates, style of practice, duration, and locations of any intensive meditation practice in self-retreats: Attach additional sheet if necessary.

Dates, teachers, and duration of retreats in other traditions:

Describe your current daily practice:

Which teacher is most familiar with your practice?

May we contact him or her? *Yes / No*

Contact information for teacher.

Names and contact information of other teachers we may contact as references.

Are you currently in treatment with a therapist or psychiatrist? *Yes / No*

Therapist's Name:

Office phone:

Emergency Phone:

Psychiatrist's Name:

Office phone:

Emergency Phone:

Is your therapist and/or psychiatrist aware that you are attending this retreat? *Yes / No*

Is your therapist and/or psychiatrist familiar with the demands of a meditation retreat? *Yes / No*

In the event of a psychological emergency, may we contact your therapist and/or psychiatrist? *Yes / No*

Have you ever been diagnosed with a psychological condition or mental illness? *Yes / No*

If so, describe the diagnosis, treatment and dates.

Are your symptoms currently well controlled? *Yes / No*

If no, please describe your current symptoms:

Have you ever made a serious attempt at taking your life? *Yes / No*

If so, please state when, and what treatment you have had following this attempt:

Do you have any history of emotional instability during intensive meditation retreats? *Yes / No*

If so, please describe:

How do you assess your current ability to work with emotional swings?

Do you have any history of physical illness or limitations that might be aggravated by or interfere with sitting and walking meditation? *Yes / No*

If so, please describe:

Are you currently taking any prescription medications for physical or psychological conditions? *Yes / No*

If so, please list each medication and daily dosage, as well as the condition it is being used to treat:

Are you currently taking any non-prescription medications or food supplements? *Yes / No*

If so, please list each medication/supplement and daily dosage:

Do you currently smoke cigarettes? *Yes / No*

If so, how many pack of cigarettes per day? \_\_\_\_\_

Do you currently drink alcohol on a regular basis? *Yes / No*

If so, have you ever had any problems abruptly stopping alcohol usage?

Do you currently use any recreational drugs (e.g. marijuana, cocaine, ecstasy)? *Yes / No*

If so, are you able to abstain from all recreational drugs during your retreat? *Yes / No*

Our capacity to support ongoing medical needs is very limited. Do you have any medical needs that require leaving the Month-long Retreat? *Yes/No*

If so, please describe:

Describe any present circumstances creating additional stress for you that may make meditation more difficult (e.g. recent loss of a loved one or job, illness, fasting, etc.):

The retreat is a silent environment. Long-term retreatants need to be at ease with both silence and solitude. Would this environment be problematic for you? *Yes / No*

Have you thoroughly reviewed and understood the *Introduction, Practice Guidelines, & Online Retreat Guidelines* documents? *Yes / No*

If you have any questions relating to these documents or any other aspect of the retreat, please ask them here:

Please write a detailed statement describing your intentions for practice. Attach additional sheet if necessary.

**Fees** are on a sliding scale to allow you to pay according to your means. Please note that the mid-range fee will cover our actual cost of \$550 per person. Please pay at least that amount if you are able.

**Sliding Scale Fees:**

\$350 (low)    \$550 (actual cost)    \$800 (benefactor)

Please indicate the amount you are able to pay \_\_\_\_\_ (Any amount paid above the actual cost is a tax-deductible donation.)

Any *dana* offered to the teachers or *Hermitage* staff is over and above the retreat fees listed above. Please see *Dana* section in *The Mountain Hermitage Practice Guidelines* document for more information.

The retreat will have some scholarship support available. Are you applying for scholarship support? *Yes / No*

If *Yes*, please fill out and include a scholarship application form along with this application form. If you would like to make a tax-deductible donation to *The Mountain Hermitage Scholarship Fund* to help others attend this retreat, please indicate the amount \_\_\_\_\_

Please indicate the fee you are enclosing with this application \_\_\_\_\_

**How did you hear about this retreat?**

- \_\_\_\_ Attended previous *Hermitage* retreat(s)
- \_\_\_\_ *Hermitage* e-mail flyers or e-newsletter
- \_\_\_\_ Printed flyer
- \_\_\_\_ Advertisement in *Buddhadharma*, *Lion's Roar*, or *Tricycle Magazines* (please circle one)
- \_\_\_\_ Word of Mouth
- \_\_\_\_ Other (Specify) \_\_\_\_\_

EMERGENCY CONTACT

In the case of any emergency where you may need support or assistance, who may we contact on your behalf? Please provide the name of someone who would be available during your stay at the retreat.

Name:

Phone:

Email:

Relationship:

Alternate contact, if available:

BY SIGNING MY NAME BELOW, I, (PRINT NAME)

\_\_\_\_\_

CONFIRM THAT ALL OF THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. IF AT ANY TIME MY CIRCUMSTANCES CHANGE, I WILL INFORM *THE MOUNTAIN HERMITAGE*.

SIGNED:

DATE:

PLEASE SEND ABOVE FORM, WITH YOUR DEPOSIT (Made payable to: *THE MOUNTAIN HERMITAGE*) TO:

*THE MOUNTAIN HERMITAGE* PO BOX 807 RANCHOS DE TAOS NM 87557 USA

*You will be informed of your acceptance status within one month after your application and deposit have been received. Your deposit will be applied to the total retreat cost with the balance due upon your arrival at the retreat or before. Your deposit/application fee will be refunded in full if you are not accepted for participation in the retreat.*

THANK YOU – AND MAY YOU BE VERY WELL AND HAPPY