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Maharishi Academy of Total Knowledge—*High School for Leadership*  
100 Old North Branch Road, Antrim, NH 03440 USA • Phone: 603-588-0400 • Fax: 603-588-4249  
Email: [info@MaharishiAcademy.org](mailto:info@MaharishiAcademy.org) • [www.MaharishiAcademy.org](http://www.MaharishiAcademy.org)

### **INTERNATIONAL STUDENTS APPLICATION CHECKLIST**

For your convenience the steps necessary to complete an application for admission to Maharishi Academy® are explained below. To make sure you have completed everything required, we suggest you use this list to check off each item as you complete and send it to us. Note: Time-sensitive material should be faxed or sent by a rapid courier service. Using non-expedited postal services may significantly delay the application process. The fax number and address are at the top of this page.

- 1. Application Form: Please print and complete the entire application form. When completed, send to Maharishi Academy by fax or courier.
- 2. Application fee: \$45US. May be sent using an International Postal Money Order.
- 3. Recommendations: a) Personal Recommendation to be completed by a guidance counselor or educator who knows you well. b) If you have already learned the TM® technique, ask your TM teacher to complete the Recommendation by a Teacher of the TM Program (included in this document)
- 4. International Student Verification Form: If you have already learned the TM technique, please submit this form to your recommending TM® teacher who will then forward it to the local Board of Governors and the National Leader of the TM Movement in your country. This form must be received by Maharishi Academy before the student can be accepted.
- 5. Secondary Level English Proficiency Test (SLEP): U.S. Immigration regulations require all International applicants to be proficient in English. If your native language is not English, please contact your nearest English language testing center for taking a test to assess your standard of English. The Center where you take the test must send your test score on their official letterhead by courier to Maharishi Academy, 100 Old North Branch Rd., Antrim, NH 03440, U.S.A. or fax: 603-588-4249. The test results are needed before your application can be considered. For more information on testing: [www.ielts.org](http://www.ielts.org)
- 6. Confidential Financial Statement: U.S. Immigration requires that all international applicants submit a Confidential Financial Statement (CFS) to Admissions at Maharishi Academy, verifying availability of funds to meet educational expenses for at least one academic year. The completed Confidential Financial Statement must include all requested signatures and an official bank stamp or seal. The CFS must be received by Maharishi Academy before final acceptance can be given and a U.S. Immigration student I-20 can be issued.
- 7. Essay: Please type or print clearly a one-page essay discussing the following points:
  - a) Why you chose to apply to Maharishi Academy.
  - b) Your personal and educational goals.
  - c) How you feel you can contribute to our school, community, world and

- d) Any other personal information you feel would be relevant to your application
8. Official Transcripts: Please have certified transcripts sent directly from your last school to: Admissions Office, Maharishi Academy, 100 Old North Branch Rd., Antrim, NH 03440, U.S.A. or fax: 603-588-4249.
9. Immunization Card.
10. Student Physical and Health Record (This must be completed by your family doctor and sent in to the Academy).

### **ADDITIONAL INFORMATION**

1. Maharishi Academy of Total Knowledge is a drug and alcohol-free campus and we request all students to respect this policy.
2. Engaging in other mental techniques, programs, and activities may interfere with the practice or benefits of Maharishi's Transcendental Meditation® and with the unique curriculum offered by Maharishi Academy. Therefore, for the maximum benefit to be gained from their time here, we ask that students refrain from such involvement while they are attending Maharishi Academy of Total Knowledge.
3. **Health Insurance:** Due to the high cost of medical care in the United States, all international students are required to be covered by some form of health insurance. If you are covered for medical care in the U.S. under your parents' policy, please bring with you verification of this coverage. When you arrive at Maharishi Academy, you may also apply for health insurance offered by the National Association of Foreign Student Affairs (NAFSA) at reasonable rates.
4. Please note: It is the applicant's responsibility to see that all transcripts and recommendations have been received by the Admissions Office by the application due date. We suggest that you keep in contact with those recommending you to be sure that their recommendations have been sent.
5. It is very important that you do not leave for Maharishi Academy of Total Knowledge before receiving official acceptance from Maharishi Academy Admissions along with your U.S. Immigration form I-20. It will not be possible to enter the United States as a student without this form.

We look forward to welcoming you as a student at our Academy.

### **APPLICATION DUE DATES for 2008**

We have a rolling admissions policy and accept applications throughout the year.

- Priority due date – June 1
- Final due date – August 1



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## Maharishi Academy of Total Knowledge—*High School for Leadership* APPLICATION FOR ADMISSION

Please  
attach a  
recent  
photograph here

Applying for:

- Grade 9  
 Grade 10  
 Grade 11  
 Grade 12

*Please type or print clearly. This application is to be filled out by the parents of the prospective student.*

Student's Full Legal Name \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
Last First Middle Phone  
Street City State Zip

Permanent Mailing Address \_\_\_\_\_  
Street City State Zip Phone

Birth date \_\_\_\_\_ Birthplace \_\_\_\_\_  
Month Day Year City State/Country

Student's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age \_\_\_\_\_

Last grade completed \_\_\_\_\_ Grade applying for \_\_\_\_\_ Date applying for \_\_\_\_\_

Are you U.S. citizens?  Yes  No If no, of what country are you citizens? \_\_\_\_\_

Do you have visas?  Yes  No Type of visas? \_\_\_\_\_ Exp. date \_\_\_\_\_

Native language \_\_\_\_\_ Does the student speak fluent English? \_\_\_\_\_ SLEP score \_\_\_\_\_

## Parent Information

Is the applicant/student currently living with his parent or legal guardian?  Yes  No

If not, state the relationship: \_\_\_\_\_

Marital status of parents: \_\_\_\_\_

Father's name \_\_\_\_\_ Home phone \_\_\_\_\_

Father's home address \_\_\_\_\_  
Street City State Zip

Father's occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Father's work address \_\_\_\_\_  
Street City State Zip

Father's email address \_\_\_\_\_

Mother's name \_\_\_\_\_ Home phone \_\_\_\_\_

Mother's home address \_\_\_\_\_  
Street City State Zip

Mother's occupation \_\_\_\_\_ Work phone \_\_\_\_\_

Mother's work address \_\_\_\_\_  
Street City State Zip

Mother's email address \_\_\_\_\_

## Student Information

Does the student practice the Transcendental Meditation® technique?  Yes  No

Instruction Date \_\_\_\_\_

Location \_\_\_\_\_ Instructor's name \_\_\_\_\_

Has the student successfully completed the TM-Sidhi® program?  Yes  No

Course dates \_\_\_\_\_ to \_\_\_\_\_

Location \_\_\_\_\_ Course leader's name \_\_\_\_\_

Please describe the student's meditation routine and regularity of practice: \_\_\_\_\_  
\_\_\_\_\_

Does anyone else in family practice the TM® technique?  Yes  No

TM-Sidhi® program?  Yes  No

Please indicate their relationship to the student: \_\_\_\_\_  
\_\_\_\_\_

Maharishi Academy has found it to be in the student's best interest to obtain the following information. Your reply will be kept in strict confidence. Please answer all questions as specifically as possible.

Please describe the student's present state of mind: \_\_\_\_\_  
\_\_\_\_\_

Has the student ever been involved in any other mental technique(s) or program(s) for self-development?  Yes  No If yes, please list below and describe them completely:

Dates: From/To	Name and Type of Program	Teacher and/or Organization
_____	_____	_____
_____	_____	_____

Results \_\_\_\_\_

Please note: Students engaging in certain other mental techniques, programs, and activities may interfere with the practice or benefits of the Transcendental Meditation® and Transcendental Meditation-Sidhi® program and with the unique curriculum offered by Maharishi Academy of Total Knowledge.

CONFIDENTIAL: Has the student ever used non-prescribed drugs, such as hallucinogens, marijuana, amphetamines, barbiturates, etc.?  Yes  No If yes, please describe:

Type of Drug	Quantity/Frequency	Period of Use: From/To
_____	_____	_____
_____	_____	_____

Please note: Maharishi Academy requires that all applicants refrain from the use of non-prescribed drugs (including marijuana, hallucinogens, amphetamines, barbiturates) for a minimum of six months prior to enrolling at Maharishi Academy, and for the entire time they are enrolled as students.

Educational History: Please list all preschools, elementary schools, and secondary schools attended. An official transcript, along with the cumulative file from the last institution attended, should be sent directly to Maharishi Academy Admissions Office, 100 Old North Branch Rd., Antrim, NH 03440 USA.

School (list most recent first)	Dates of Attendance from/to	School Dates of Attendance (list most recent first) from/to
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that all statements made by me in application for admission to Maharishi Academy of Total Knowledge are complete and true and I realize that false statements may be grounds for denial of admission or dismissal from the Academy.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Student Essay

Essay: Please have the student submit a one to two page essay, printed on separate sheets of paper using a computer printer or a typewriter, discussing the following points:

1. Why you want to attend the Maharishi Academy of Total Knowledge—*High School for Leadership*?
2. What are your personal goals?
3. How you feel you can contribute to the Academy and community?
4. Is there any other personal information you feel would be relevant to your application?
5. Do you understand the value of maintaining a good routine that allows for proper rest and good personal habits?

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## CONSENT FOR RELEASE OF EDUCATIONAL RECORDS

Note to parent: Please submit this form to your child's most recent school.

Dear Principal:

I hereby authorize you to release all transcripts, grades, test records, health records, and psychological and diagnostic evaluations on \_\_\_\_\_

(Student's name)

to Maharishi Academy at the above address. I am aware that I may receive a copy of the above records if I so desire.

\_\_\_\_\_  
(Name of most recent school attended)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Phone number of School)

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Admissions Office, Maharishi Academy)

\_\_\_\_\_  
(Date)



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## PERSONAL RECOMMENDATION

### Instructions for the Applicant:

Please complete the information in the first part of this form, and then give this form to a principal, guidance counselor, recent teacher, or recent employer.

Name of applicant \_\_\_\_\_

\_\_\_\_\_

Last	First	Middle
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Social Security number      –      –      Telephone (\_\_\_\_\_)\_\_\_\_\_

Anticipated date of Maharishi Academy enrollment \_\_\_\_\_ Grade level entering \_\_\_\_\_

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. Please check the appropriate box below and sign your name.

I waive     I do not waive my right of access to this letter of recommendation under the provisions of “The Family Education Rights and Privacy Act of 1974.”

Applicant’s signature \_\_\_\_\_ Date \_\_\_\_\_

### Instructions for the individual making the recommendation:

A. Maharishi Academy of Total Knowledge would appreciate your candid evaluation of the above-named applicant. Your answers will be very helpful in evaluating the applicant for admission to Maharishi Academy. If the applicant has checked the “I do not waive” box above, then the applicant will have the right to review your evaluation under the Family Education Rights and Privacy Act.

B. When completed, please return the recommendation directly to Maharishi Academy at the address above.

1. What is your profession? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. What is your affiliation with the applicant? \_\_\_\_\_

4. When did you last meet with the applicant? \_\_\_\_\_

5. Please rate the applicant on the characteristics listed below:

	Excellent	Good	Fair	Below Average
o Enthusiasm and desire to learn	_____	_____	_____	_____
o Ability to handle academics	_____	_____	_____	_____
o Writing ability	_____	_____	_____	_____
o Speaking ability	_____	_____	_____	_____
o Dependability	_____	_____	_____	_____
o Perseverance in working towards personal goals	_____	_____	_____	_____
o Efficiency and productivity	_____	_____	_____	_____
o Sincerity in interaction with others	_____	_____	_____	_____
o Emotional maturity	_____	_____	_____	_____
o Ability to adapt to new situations	_____	_____	_____	_____
o Physical health	_____	_____	_____	_____
o Personal habits and behavior	_____	_____	_____	_____

6. I  strongly recommend  recommend with reservations  recommend  
 do not recommend this applicant for acceptance to Maharishi Academy.

7. Further comments:

\_\_\_\_\_  
\_\_\_\_\_

8. Name and signature:

\_\_\_\_\_  
Name of person giving recommendation (*please print*)      Signature      Date

\_\_\_\_\_  
Street      City      State      Zip      Telephone \_\_\_\_\_

Email address \_\_\_\_\_

***Thank you***



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## RECOMMENDATION BY A TEACHER OF THE TM® PROGRAM

**Required *only* for applicants who have already been instructed in the TM® program.**

Instructions for the Applicant: Please provide the information requested below, and then give this form to a teacher of the Transcendental Meditation® program who is not a family member. If at all possible, give this form to the teacher who actually instructed you in the TM® technique. If that is not possible, give it to a teacher in your local Transcendental Meditation® Program Center **who has known you well for at least three months.**

Name of applicant \_\_\_\_\_  
Last First Middle

Social Security number — — Telephone (\_\_\_\_) \_\_\_\_\_

Date of instruction in the TM® technique \_\_\_\_\_ Instructor \_\_\_\_\_  
Month Day Year

Place of instruction

\_\_\_\_\_  
City State Country

Anticipated enrollment date at Maharishi Academy \_\_\_\_\_ Grade entering \_\_\_\_\_

The Family Education Rights and Privacy Act permits us to request, but not require, that you waive your right to inspect this evaluation. Please check the appropriate box below and sign your name.

I waive  I do not waive my right of access to this letter of recommendation under the provisions of “The Family Education Rights and Privacy Act of 1974.”

Parent or Guardian’s signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions for the Teacher of the Transcendental Meditation® Program:**

This recommendation is an essential part of the Maharishi Academy application. Until this recommendation is received by our office, the applicant cannot be accepted. Therefore, please respond without delay. If the applicant has checked the “I do not waive” box above, then the applicant will have the right to review your evaluation under the Family Education Rights and Privacy Act. Please complete the following steps:

- A. Check the applicant’s practice of the TM® technique, if you have not done so within the month.
- B. Complete the questions that follow and sign this form.
- C. Have the form signed by your local TM® Program Center Chairman.
- D. Return the completed form with both signatures to Maharishi Academy at the address above.

1. How long have you known the applicant? \_\_\_\_\_ (The recommending teacher should have known the applicant well for at least three months.)

2. What is your affiliation with the applicant? \_\_\_\_\_

3. When did you last meet with the applicant? \_\_\_\_\_

4. Date of checking applicant’s meditation? \_\_\_\_\_

5. Rate the applicant on the characteristics listed below. Please consider each item separately and carefully.

	Excellent	Good	Fair	Below Average
Regularity of practice	_____	_____	_____	_____
Smoothness of meditation	_____	_____	_____	_____
Clarity of understanding of the TM® program	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Perseverance in working towards personal goals	_____	_____	_____	_____
Efficiency and productivity	_____	_____	_____	_____
Sincerity in interaction with others	_____	_____	_____	_____
Emotional maturity	_____	_____	_____	_____
Ability to adapt to new situations	_____	_____	_____	_____
Physical health	_____	_____	_____	_____
Dress and appearance	_____	_____	_____	_____
Personal habits and behavior	_____	_____	_____	_____

6. Please comment below on any ratings other than “good”.

\_\_\_\_\_





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## INTERNATIONAL STUDENT VERIFICATION FORM

(Required only for applicants instructed in the Transcendental Meditation® technique.)

**Instructions to the Applicant:** Please provide the information requested below, and then give this form to the teacher who instructed you in Maharishi's Transcendental Meditation technique. If your teacher is not available, please give this form directly to your local Board of Governors.

Your full legal name (*please type or print clearly*) \_\_\_\_\_ Your Age \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Former or Maiden name(s)

Of what country are you a citizen? \_\_\_\_\_ Present Occupation \_\_\_\_\_

What grade level are you applying for? \_\_\_\_\_

Are you applying for Maharishi Academy International Scholarship Funds?  Yes  No

Status:  Governor  TM Teacher  Citizen Sidha  Meditator

Date of Instruction in the TM technique: \_\_\_\_\_  
Month Day Year

Name of Instructor \_\_\_\_\_ Place of Instruction \_\_\_\_\_

Have you successfully completed the TM-Sidhi® Course?  Yes  No If yes, please provide the following information:

Type of Course	Dates	Location
-CIC 2-week in-residence course	_____	_____
-Other (please specify)	_____	_____

If you are a teacher of the TM® Program, please indicate:

Dates of Teacher Training Course \_\_\_\_\_ Location \_\_\_\_\_

Do any members of your family practice the TM or TM-Sidhi® Program  Yes  No

Name	Relationship	Status
_____	_____	_____

I certify that all statements made by me in this International Student Verification Form for admission to Maharishi Academy are complete and true. I realize that false statements may be grounds for denial of admission or dismissal from the Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Instructions to the Recommending Teacher:** Please promptly complete the following and then give this form to your local Board of Governors.

I do  I do not (please check one) recommend \_\_\_\_\_  
Name of applicant

to attend Maharishi Academy of Total Knowledge. Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_  
Recommending Teacher's signature Name (please print) Length of time know applicant

**Instructions to local Board of Governors:** Please promptly complete the following and then forward this form to your National Leader. This section must include signatures of three Governors who have interviewed the student and if possible known them for a few months. \_\_\_\_\_

We do  do not (please check one) recommend \_\_\_\_\_ to attend Maharishi Academy.  
Center Address  
Comments Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Chairman (only) Name (please print) Length of time known applicant

\_\_\_\_\_  
Recommending Teacher's signature Name (please print) Length of time known applicant

**Instructions to the National Leader:** Please complete the following and then return this form to Maharishi Academy of Total Knowledge Admissions Office. This recommendation is an essential part of the Maharishi Academy application. Therefore, *please respond without delay.*

**1. Verification of TM® Technique and TM-Sidhi® program:** (note: It will not be necessary to verify the applicant's instruction in the TM technique if the applicant has successfully completed the TM-Sidhi program.)

I verify that \_\_\_\_\_ was instructed in the TM program: \_\_\_\_\_  
Name of applicant Month Day Year

If the applicant has successfully completed the TM-Sidhi program please complete the following:

I verify that \_\_\_\_\_ successfully completed the TM-Sidhi program: \_\_\_\_\_  
Name of applicant Month Day Year

**2. Recommendation to be a Maharishi Academy Student:**  I do  I do not (please check one) recommend the applicant to attend Maharishi Academy. Please write a brief statement commenting on your recommendation. (Please use additional paper if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. **Recommendation to Receive Scholarship.** Many international applicants request scholarship assistance. Please check one:  I do  I do not recommend the applicant to receive scholarship assistance from Maharishi Academy. Please write a brief statement commenting on your scholarship recommendation. (Please use additional paper if necessary). \_\_\_\_\_

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**Note: Only the National Leader's signature is valid on this section of the form.**

4. National Leader's signature \_\_\_\_\_  
Signature Name (please print) Date  
Address (please print)

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Street City State Country  
Telephone number: \_\_\_\_\_ Email address \_\_\_\_\_

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3. Grant, scholarship, loan etc. \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(Please attach an official document stating the award(s). \$ \_\_\_\_\_ \$ \_\_\_\_\_

Out of the total amount available to you, how much will you have with you when you arrive?  
\$ \_\_\_\_\_

How often will you receive additional money and how much each time? \$ \_\_\_\_\_  
Monthly: \$ \_\_\_\_\_ Quarterly: \$ \_\_\_\_\_ Quarterly: \$ \_\_\_\_\_

If the amount available to you is less than the estimated student costs listed above, explain how you intend to finance your stay (attach additional sheets if necessary) \_\_\_\_\_

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**PART III**  
**Certifications**

**To be signed by the applicant:** This is to certify that the information furnished on this form by me is true and complete to the best of my knowledge.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**To be signed by Bank Official:** (Maharishi Academy requires verification from a bank official that the applicant has personal savings as indicated on this form.) This is to certify that the information furnished by the applicant on this form regarding his personal savings is a true and accurate statement.

**Signature of bank official:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Name and address of bank:** \_\_\_\_\_

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**To be signed by Private Sponsor(s):** Maharishi Academy requires that the sponsor and the sponsor's bank sign the following statement).

1. This is to guarantee that I will pay to the applicant \$ \_\_\_\_\_ during the \_\_\_\_\_ academic year and \$ \_\_\_\_\_ during the \_\_\_\_\_ academic year at Maharishi Academy.

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_

Name and address of sponsor: \_\_\_\_\_

This is to certify that to the best of my knowledge the sponsor named above is financially capable of meeting his/her commitment.

Signature of bank official \_\_\_\_\_ Date \_\_\_\_\_

Name and address of bank: \_\_\_\_\_

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2. This is to guarantee that I will pay to the applicant \$ \_\_\_\_\_ during the \_\_\_\_\_ academic year and \$ \_\_\_\_\_ during the \_\_\_\_\_ academic year at Maharishi Academy.

Signature of sponsor \_\_\_\_\_ Date \_\_\_\_\_

Name and address of sponsor: \_\_\_\_\_

This is to certify that to the best of my knowledge the sponsor named above is financially capable of meeting his/her commitment.

Signature of bank official \_\_\_\_\_ Date \_\_\_\_\_

Name and address of bank \_\_\_\_\_