



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

NORTH AMERICAN APPLICANTS 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. You may mail or fax the information (see our address and fax numbers at the top of each page).

- 1. Application for Admission. This form should include a recent photo, essay and the application fee (make check for \$30 payable to Maharishi Academy of Total Knowledge)
- 2. 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, and world.
 - d) Any other personal information you feel would be relevant to your application.
- 3. Transcripts and cumulative file from the last school attended. (Please sign the enclosed Consent for Release of Educational Records and submit it to your last school.) Please have certified transcripts and cumulative file sent directly from your last school to: Official Transcripts-Admissions Office, Maharishi Academy of Total Knowledge, 100 Old North Branch Rd., Antrim, NH 03440, U.S.A.
- 4. Personal Recommendation. (A teacher, counselor, or principal should complete this form provided he or she knows the applicant well.)
- 5. Recommendation by a Teacher of the Transcendental Meditation® program. (This form is for applicants who have already been instructed in the Transcendental Meditation program.)

These items will be needed before registration:

- 6. Student Physical and Health Record (This must be completed by your family doctor and sent in to the School).
- 7. Health Insurance Verification

ADDITIONAL INFORMATION

1. Maharishi Academy of Total Knowledge is a drug and alcohol-free campus and we request that all students 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:** All students are required to be covered by some form of health insurance. If you are covered for medical care under your parents' policy, please bring with you verification of this coverage.
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 Office.

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

APPLICATION DUE DATES

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

- Priority due date – June 1, 2008
- Final due date – August 1, 2008

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 School.

Parent's Signature _____ Date _____

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

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”.
