

**MAITRIPA INSTITUTE**  
**SCHOLARSHIP – MEDITATION – SERVICE**

**Part-Time Entry Form**

**Personal  
Information**

LEGAL NAME (LAST/FAMILY)

FIRST

MIDDLE

OTHER NAMES

PERMANENT HOME ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

MAILING ADDRESS (IF DIFFERENT)

CITY

STATE

ZIP CODE

EMAIL ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

PLACE OF BIRTH

MALE/FEMALE

ETHNIC IDENTITY (OPTIONAL)

NATION OF CITIZENSHIP

IF NON-US CITIZEN, TYPE OF VISA

DATE ISSUED

DO YOU HAVE A BACCALAUREATE DEGREE? \_\_\_\_\_

DATES OF PREVIOUS ENROLLMENT AT MAITRIPA INSTITUTE \_\_\_\_\_

**Filing Status**

DATE OF ENTRY

\_\_SPRING 2008

\_\_FALL 2008

\_\_SPRING 2009

\_\_FALL 2009

**Signature**

APPLICANT'S SIGNATURE

DATE

PLEASE RETURN THIS FORM TO: MAITRIPA INSTITUTE, 1119 SE MARKET ST., PORTLAND, OR 97214