

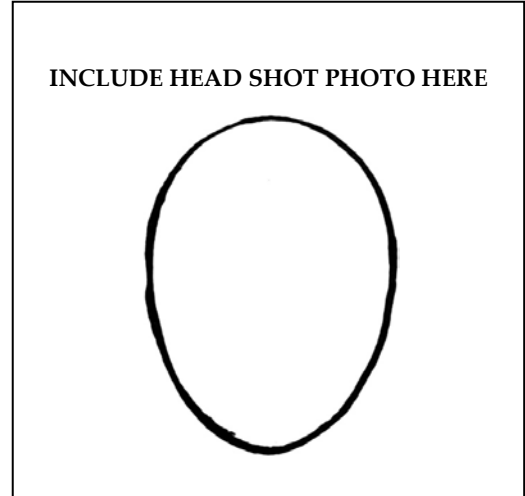
ZENSHINJI – Tassajara Zen Mountain Center  
Winter 2018 Practice Period Application

*January 6 – April 4, 2018*  
Led by Ryushin Paul Haller

**PART I: General Information**

Prerequisites for Winter 2018 Practice Period  
at Tassajara:

- Completion of at least one, 2-month residential practice period at San Francisco Zen Center’s City Center or Green Gulch Farm.
- Commitment to attend full 3 months of the practice period.
- Complete application including non-refundable application fee of \$30.
- Practice period credit or full tuition paid **before** start of practice period.



Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ (MM/DD/YY)

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (other): \_\_\_\_\_

Email: \_\_\_\_\_

**In case of emergency, who should be notified?**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (cell): \_\_\_\_\_ (other): \_\_\_\_\_

Email: \_\_\_\_\_

**PART II: Personal Statement** – Please attach a separate paper discussing each of the following items, numbering your responses.

1. Your practice and interest in Zen; why you want to participate in the practice period at this time.
2. A brief personal history.
3. Previous experience in studying and/or practicing Buddhism, including:
  - SF Zen Center residential practice periods (date & location)
  - Sesshins (specify length and location)
  - Residential practice at Green Gulch or City Center or Tassajara (dates)
  - SF Zen Center staff positions
  - Other formal Buddhist practice

Have you received Buddhist precepts? \_\_\_\_ By whom? \_\_\_\_\_ Date: \_\_\_\_\_

Have you been ordained as a Buddhist priest? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Ordination Date: \_\_\_\_\_

Current Primary Teacher/Practice Leader: \_\_\_\_\_

**If your teacher is not a SF Zen Center teacher**, we request a letter of recommendation from him/her. Please provide contact information so that we may reach your teacher if necessary:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

4. Any medical problems such as back or knee problems, repetitive stress injuries (RSI), food or other serious allergies. Do you have an up-to-date tetanus shot?
5. Significant physical, psychological, or emotional difficulties, particularly those for which you have received professional help or been hospitalized. Please list dates, if applicable.
6. History of alcohol or substance abuse. Please list any treatment programs and dates.
7. Current use of prescription medications. Please specify medications, and briefly describe the conditions being treated.

8. Are you able to completely follow the practice period schedule? Please describe any concerns or limitations.

9. Are you interested in continuing in residential practice at Zenshinji after this practice period?

Yes  No If yes, please describe: \_\_\_\_\_

### **PART III: Practice Period Requirements**

I understand that I am agreeing to the following:

1. Following the schedule of daily meditation
2. Participating in daily services of bowing and chanting
3. Attending several hours of classes and lectures each week
4. Participating in formal meals and ceremonies
5. Working several hours each day
6. Refraining from possession and use of recreational drugs and alcohol
7. Refraining from initiating any new sexual relationship
8. Remaining at ZMC throughout the entire practice period except for medical emergencies

Additionally, please print and read the [Practice Period Guidelines](#).

### **Weather Considerations**

Based on our experience during past winters we expect that the seasonal rains will bring additional challenges to the monastery. These challenges include potential flooding as well as debris flow, slides and erosion risks along the Tassajara road and throughout the valley. Due to these potential hazards, **Tassajara practice period participants are required to sign a Waiver of Liability** which can be found [here](#).

The Tassajara road may be impassable at times throughout the late fall due to water run-off, fallen trees, and landslides. We strongly recommend that practice period participants bring **extras supplies of any personal medicines or other necessities** in case supplies cannot be transported over the road for a week or more at a time. All medical and dental procedures should be taken care of before arriving for practice period. Finally, it is also possible that the heating system for cabins and communal spaces may not be consistently available due to elevated creek levels **and therefore we suggest that you come prepared with suitable warm clothes, bedding, and hot water bottles.**

## Part IV: Payment

The fee for practice period is \$3630\* (\$3600 + \$30 application fee), which covers room, board, and tuition. Payment in full is required **before** arrival at Tassajara unless another arrangement is made in advance with the director.

\*As the basic operating expenses for the practice period are in excess of \$4500 per student, you are invited to donate more if you are able.

- I will be paying for this practice period
- I have a practice period credit from:
  - GGF – date \_\_\_\_\_
  - CITY CENTER – date \_\_\_\_\_
  - TASSAJARA – date \_\_\_\_\_

**Please submit the following items in your application (any applications not including all items listed below will not be considered):**

- this form
- your personal statement
- a recent “head-shot” photograph
- signed “release of liability” form, found [here](#)
- a non-refundable \$30 application fee (current SF Zen Center residents are exempt from this fee), which can be paid online.

Applications and fees can be mailed to the address below, but it is preferred if the application is emailed to: [phasst@sfzc.org](mailto:phasst@sfzc.org).

### ZMC Practice Period Applications Committee

Tassajara Winter 2018, c/o Jacqueline Goveas  
San Francisco Zen Center  
300 Page Street  
San Francisco, CA 94102

**UPDATE: Applications must be received by November 19, 2017.**

I have read, understood, and have kept a copy of the [Zenshinji Practice Period Guidelines](#) and agree to participate fully in the practice period, fulfilling the practice period requirements as described here and in the Practice Period Guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_