

**APPLICATION FOR RESIDENCY AT
OLYMPIA ZEN CENTER - Ryoko-an - 3248 39th Way NE Olympia, WA 98506**

CONFIDENTIAL

(all answers will be held in confidence by the President, the Board, and Teacher)

Name _____

Address _____

Phone _____

Employment _____

List prior experience in Zen or other meditative practice? _____

Reason or purpose for residency at Olympia Zen Center? _____

Explain your ability to commit to one full year of residency? _____

How will your employment schedule and OZC schedule interact? _____

Are you able and willing to maintain daily practice? _____

Are there family conflicts? _____

Are you willing and able to cooperate in community life? _____

Credit Reference _____

Personal Reference _____