



## School of Eurythmy Reference Request

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**Applicant:** Please fill in all the blanks at the top of this form and send it to your reference to complete the bottom portion.

**Reference name:** ..... **Date:** .....

**Address:** .....

.....

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**Applicant's name:** ..... **is applying to the School of Eurythmy in Spring Valley to join the** ..... **training program, beginning** .....

We would appreciate your answers to the following questions, either written below or on a separate sheet. Review of the application will wait until receipt of this reference. Please send it directly to: Student Services Coordinator, Eurythmy Spring Valley, 260 Hungry Hollow Road, Chestnut Ridge, NY 10977. All the information you give will be kept confidential. Thank you.

**For how long and in what capacity have you known the applicant?**

**What are your impressions of the applicant's character and social attributes? Her or his strengths and weaknesses? Her or his ability to work with others?**

**Are there any other observations about the applicant that you would like to share?**

.....  
**Signature**

.....  
**Name Printed**

.....  
**Date**