



School of Eurythmy Reference Request

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?

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Signature

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Name Printed

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Date