



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Harvard Affiliation: **[REQUIRED]** \_\_\_\_\_ Harvard ID \_\_\_\_\_

Area of Research or Study: \_\_\_\_\_

**For the following questions, please complete on a separate sheet of paper.  
Please attach your CV to the application.**

1. Please tell us why you would like to reside at the Center for the Study of World Religions.
2. How might your interests enrich the community at the Center?

**Please indicate your order of preference for the following apartments during the 2009-10 academic year. Please return this form with your signature to formalize this application\*.**

\_\_\_\_\_ Efficiency apartment @ \$1,206/month      \_\_\_\_\_ 2-bedroom apartment @ \$1,855/month  
\_\_\_\_\_ 1-bedroom apartment @ \$1,488/month

**My spouse/partner will live with me at CSWR:** \_\_\_ yes \_\_\_ no

Is spouse/partner affiliated with Harvard? \_\_\_\_\_

If yes, name of spouse/partner and Harvard Affiliation: \_\_\_\_\_

**My children will live with me at CSWR:** \_\_\_ yes \_\_\_ no

If yes, name(s) and age(s) of children: \_\_\_\_\_

\_\_\_\_\_

*\*please note, no smoking is allowed on CSWR premises including apartments and grounds*

**Please sign and date below:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Fax or mail completed form with CV to:**

Center for the Study of World Religions  
42 Francis Avenue  
Cambridge, Massachusetts 02138  
USA

Fax: 617.496.5411

Tel: 617.496.5834

charles\_anderson@harvard.edu