

# Selah



## CERTIFICATE PROGRAM IN SPIRITUAL DIRECTION FROM LEADERSHIP TRANSFORMATIONS, INC. APPLICATION FORM

### I. PLEASE COMPLETE

Name \_\_\_\_\_

Email \_\_\_\_\_

DOB --/--/---

Home Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Work Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone (h) \_\_\_\_\_

(w) \_\_\_\_\_

(cell) \_\_\_\_\_

Denominational/church affiliation

\_\_\_\_\_

Sponsoring or supporting (in prayer) church or organization

\_\_\_\_\_

Current occupation

\_\_\_\_\_

\_\_\_\_\_

Summary of academic study/degrees

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of your vocational history

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. PERSONAL ESSAY

Please enclose a 2-3 page essay summarizing your own sense of God's work in your life, how he has been shaping you and who he is calling you to be. Include your understanding of and experience of spiritual direction, both received and given; why you are interested in this program; and your vision of and current supportive experience of the place of Christian community in this calling and training.

### 3. REFERENCES (I must be a member of your church's pastoral staff)

1. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

2. Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_


Each reference should send us, in writing or via email, a brief (half page) letter detailing their understanding of your work as/potential as a spiritual director, including their impressions of your God-awareness and your self-awareness in your own prayer life, and your Holy-Spirit attentiveness in companioning others in their life of prayer.

### 4. PAYMENT

Please provide credit card information or enclose a check for \$50, payable to Leadership Transformations.

 card number \_\_\_\_\_

expiration date \_\_\_\_/\_\_\_\_/20\_\_\_\_

 name on card \_\_\_\_\_

billing address of credit card  
(if different from address on reply card)

\_\_\_\_\_

\_\_\_\_\_

Once we've completed the informal interview and we're mutually ready to move ahead with your full reservation in the program, your deposit of \$545 will be due. This deposit covers the first Residency Retreat. The remaining \$4905 will be payable in 18 monthly installments of \$272.50, automatically billed to your credit card beginning on October 1, 2010.

### 5. NEXT STEP

After reviewing your application, we will contact you for an informal "interview", in person or by phone. This is a chance for us to prayerfully get a sense of you and your call, and for you to prayerfully get a deeper sense of your call and this program!

### RETURN COMPLETED APPLICATION TO:

Susan P. Currie, Coordinator of Spiritual Direction Training, LT*i*  
300 Willow Street, #1, South Hamilton, MA 01982

Refund Policy: \$50 application fee is non-refundable. \$545 deposit is due upon acceptance and non-refundable after 8/1/10. 18 monthly installments: In the event a student must drop out after monthly installments begin (10/1/2010), only the portion of future monthly installments not already tied to non-recoupable costs (room, board, etc.) will be refunded.

For LT*i* use only: check#/date \_\_\_\_\_/\_\_\_\_\_-\_\_\_\_\_