

THE MINISTRY OF SPIRITUAL DIRECTION
A Program of the Center for Spiritual Formation, Inc.
333 S. Spring Garden Street, Carlisle, PA 17013

APPLICATION FOR MSD PROGRAM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Age: _____

Educational Background:

Occupational History Outline:

Significant facts about yourself:

Congregation [including denomination]:

Briefly explain why you are applying for enrollment in THE MINISTRY OF SPIRITUAL DIRECTION:

State, if applicable, the response/attitudes of your spouse/immediate family toward your interest in this program:

Is your pastor and congregation aware of your interest? What is their response?

Name a group/organization which actively supports your spiritual growth and calls you to accountability in your relationship with God:

Describe your spiritual journey over the last year:

Have you ever ...

Received Spiritual Direction? Yes No If yes, for how long? _____

Given Spiritual Direction? Yes No If yes, for how long? _____

What do you expect to gain from this course?

Are you willing and able to commit to a training course which involves prayer, study, self-reflection, peer review, practice of the Spiritual Disciplines, exposure to new ideas, and the expense?

Do you have any questions about this course?

Please be sure to secure two recommendations (clergy and lay) using the form available on the website.