



## Application for enrollment in Christ Spiritual Direction Program

Date of Application: \_\_\_\_\_

### Personal Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Education: \_\_\_\_\_

Occupation: \_\_\_\_\_ Parish: \_\_\_\_\_

Where & When Were You Baptized? \_\_\_\_\_

Other Sacraments: \_\_\_\_\_

Do You Have A Spiritual Director? \_\_\_\_\_ If so, for how long? \_\_\_\_\_

Have You Had Any Training In Spiritual Direction? \_\_\_\_\_

**Prerequisites:** Spiritual Exercises & Avila classes

#### **Spiritual Exercises of St. Ignatius (pre-approval required):**

Form (30 day or 19<sup>th</sup> annotated): \_\_\_\_\_

Dates: \_\_\_\_\_

Place: \_\_\_\_\_

Director: \_\_\_\_\_

#### **Dates:**

**Avila Classes:** Foundations in Prayer \_\_\_\_\_

Discernment of Spirits I \_\_\_\_\_

Introduction to Moral Theology \_\_\_\_\_

Introduction to Spiritual Direction \_\_\_\_\_

**Please submit:**

- Completed application
- Statement of intent:
  - a. Describe your interest in becoming a Spiritual Director and why you chose this program.
  - b. Describe your current prayer life, including your normal patterns of mental prayer.
- Two letters of recommendation
- Application fee \$25 (non-refundable)
- Transcript from Avila showing completion of required classes

*Once all prerequisites are met and submissions are received,  
you will be contacted to schedule an interview with Heart of Christ.*

In submitting this application,

- I understand that I am requesting consideration for admittance into this program and that acceptance is not guaranteed.
- I understand that part of the application process includes an interview.
- I also understand that there will be an ongoing discernment process by the applicant as well as the program directors to determine if this program is a proper “fit.” If it is determined that the program is not a good “fit,” the candidate may be asked to withdraw.
- Payment for each segment is due in full by the first class. Refunds are determined individually.
- I understand that these terms and conditions are subject to change.
- I understand that attendance at all sessions is **mandatory**.

**If accepted into this program I agree to:**

- Abide by the confidentiality standards set out in the program.
- Be faithful to the teachings of the Church.
- Exercise prudence in offering spiritual direction during the practicum and after graduation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name:

Send application to

Heart of Christ, PO Box 341, Ann Arbor, Michigan 48106  
Make checks payable to “Heart of Christ”

For questions contact

Jeannette Barbacane at [jbarbacane@gmail.com](mailto:jbarbacane@gmail.com) or  
Tesa Fleming at [tesafleming@gmail.com](mailto:tesafleming@gmail.com)