

Application for enrollment in

Heart of 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? \_\_\_\_\_\_\_\_\_\_\_

**Date you hope to begin with Heart of Christ:** June of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prerequisites:** Spiritual Exercises & Avila classes

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

Approval Form submitted (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval received (date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated date of completion of Exercises: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Letter from Director at completion

 **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:
	1. Describe your interest in becoming a Spiritual Director and why you chose this program.
	2. 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
* Include picture of yourself with application

*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 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 Roman Catholic Church.
* Exercise prudence in offering spiritual direction during the practicum and after graduation.

*Heart of Christ is a Catholic organization which adheres to all the teachings of the magisterium of the Roman Catholic Church. In submitting this application, I state that I am a member in good standing with the Church.*

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 or

Tesa Fleming at tesafleming@gmail.com