



**IMMACULATE CONCEPTION CENTER
SCHOOL OF SPIRITUAL DIRECTION
THROUGH FRANCISCAN UNIVERSITY OF STEUBENVILLE
APPLICATION FORM**

All of the following information is kept strictly confidential

DATE: ___/___/___

NAME _____

STREET _____

CITY _____ STATE _____ ZIP _____

PREFERRED PHONE _____ SECONDARY PHONE _____

PREFERRED EMAIL _____

Married Single Male Female Consecrated Priest Deacon

DOB ___/___/___

EMERGENCY CONTACT PERSON _____ RELATIONSHIP _____

PREFERRED PHONE _____ SECONDARY PHONE _____

EMPLOYMENT INFORMATION

OCCUPATION _____

ADDRESS _____

PHONE _____

A complete application will include:

- This completed application form
- *Personal Reference from Pastor (or Superior; Parish pastoral worker)
- *Two additional Personal References (including spiritual director, if applicable)

**Personal Reference form can be downloaded from the ICC website:
<https://www.immaculateconceptioncenter.org/programs>*

EDUCATION AND RETREAT EXPERIENCES

Type of School	School name/location	Program Title	Duration	Degree, Diploma, Certificate received
College or University				
Other Education				
Spirituality workshops				
Scripture or Theology Education not listed				

HEALTH

DIETARY CONCERNS/SPECIAL NEEDS: _____

DESCRIBE YOUR PSYCHOLOGICAL AND PHYSICAL HEALTH. PLEASE NOTE ANY MAJOR DIFFICULTIES IN THE PAST OR PRESENT, AND INDICATE ANY HELP YOU ARE RECEIVING FOR THEM: _____

DIOCESE/ECCLESIAL AFFILIATION/RELIGIOUS COMMUNITY _____

PARISH/RELIGIOUS COMMUNITY NAME & ADDRESS _____

PASTOR/SUPERIOR _____ PHONE _____

My pastor/superior has agreed to write a letter of recommendation.

SPIRITUAL FORMATION:

Are you currently receiving spiritual direction? Yes/No

LENGTH OF TIME UNDER SPIRITUAL DIRECTION _____

SPIRITUAL DIRECTOR CONTACT INFORMATION:

NAME _____ EMAIL _____

PHONE _____

- I have contacted my spiritual director about this application. (if applicable)
- I have requested a letter of recommendation from my spiritual director. (if applicable)
- I have requested permission to apply from my Religious Superior. (if applicable)

OTHER REFERENCE:

The following person (other than pastor, superior or spiritual director) can also attest to my relationships with others and the Church:

NAME: _____

STREET: _____

CITY: _____ STATE _____ ZIP _____

PRIMARY PHONE: _____

EMAIL: _____

RELATIONSHIP: _____

HAVE YOU COMPLETED THE SPIRITUAL EXERCISES OF ST. IGNATIUS IN EITHER A 30-DAY, 19TH ANNOTATION (30 WEEKS) OR AN 8-DAY RETREAT FORMAT? IF SO, BRIEFLY DESCRIBE WHEN, WHERE, AND YOUR EXPERIENCE OF THE SPIRITUAL EXERCISES.

SPIRITUAL AUTOBIOGRAPHY

Please complete the following questions on a separate page. Please do not exceed more than five paragraphs for each question.

- A. What are the major duties/commitments in your life right now? How are these going?
- B. Who is God to you? How do you become aware of his presence? Briefly describe your prayer.
- C. Describe your experience of receiving spiritual direction and your understanding of spiritual direction.
- D. Explain at length why you feel called to the ministry of spiritual direction, and what has led you to this sense of call? What communal support are you receiving to undertake this training?
- E. What signs and personal gifts do you recognize as evidence of your call to this ministry? Have others confirmed these gifts?
- F. What areas are you most in need of growth to serve in this ministry?
- G. Briefly describe your spiritual journey from childhood to present.

ACKNOWLEDGEMENT:

I CERTIFY THAT THE ANSWERS GIVEN BY ME IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MY FALSIFICATION OF THIS APPLICATION, WHETHER WILLINGLY OR ACCIDENTAL, IS GROUNDS FOR DISMISSAL FROM THE PROGRAM IF I AM ACCEPTED. MY SPIRITUAL DIRECTOR AND I HAVEDISCUSSED MY READINESS FOR THIS PROGRAM, AND WE HAVE TOGETHER DISCERNED A CALL TO SERVE OTHERS AS A SPIRITUAL DIRECTOR.

APPLICANT'S SIGNATURE _____ DATE _____

SEND YOUR COMPLETED APPLICATION AND INFORM YOUR REFERENCES TO FORWARD ALL INFORMATION TO THE FOLLOWING:

Dan Shaughnessy
 School of Spiritual Direction
 Immaculate Conception Center
 600 Liberty Hwy
 Putnam, CT 06260

Phone: 860-928-7955

ELECTRONICALLY:

Email: admin@immaculateconceptioncenter.org (with attachments)