FIND – School for Spiritual Direction and Formation
A Program to Train Spiritual Directors/Spiritual Formation Leaders
The Episcopal Diocese of Texas
APPLICATION FORM
(Revised March 2021)

☐ I am applying for in-person school

☐ I am applying for virtual school

Name_____Date_____ __

Home address_____

City_____State_____Zip_____

Phone (Home)_____Work_____

Cell _____

email _____

Profession/Occupation_____Lay____Clergy___

Business name and address_____
_____

Parish/Congregation (name and location) _____

Date and place of baptism_____

Date and place sof confirmation_____

Sex M___F___ Date and city of birth_____

Education: Highest Level Obtained: _____

Place Obtained: _____

Business/ Vocational Training/ Diploma/Certificate/License

_____

Employment:

Employer Address Position Length of Employment

_____

Organizations with which you are currently/or have recently been involved that might complement or hinder your experiences with FIND:

_____

What are some of your leisure activities?_____

Do you pray regularly?_____ Briefly describe your principal method of prayer.

Do you have a spiritual director? (Note: If you are under direction, or have been under direction, please send a letter of recommendation from your most recent director.)

How often do you see your director?_____

What has been your experience of spiritual direction?

Personal Sketch

Briefly summarize your strengths, skills, and competencies that you believe you would bring to ministry in either spiritual direction or spiritual formation. What do you see as your greatest obstacle to your work in that ministry? Why do you want to serve in that ministry? What do you hope to gain from your studies in FIND? (Use the back of this page or a separate sheet if needed to answer these questions.)

References

Please list names, addresses and phone numbers below. You are responsible for seeing that each person named receives the appropriate evaluation form and returns it in a timely fashion. Please understand that the evaluations are entirely confidential. Only persons involved in making admission decisions will be permitted to see them. You will not have access to these evaluations.

1. Your primary priest or pastor (clergy applicants should obtain a letter from another member of the clergy who is familiar with their ministry.):

_____email address_____

2. Your spiritual director (If no director at present, list your most recent director. If no experience with a director, name as a second reference a member of your immediate faith community who knows you well.):

_
_____ email address _____

3. A member of your immediate faith community who is familiar with your relationship to that community:

_____ email address_____

4. If you are currently in therapy or have been recently, you must provide a written statement from your therapist that he/she is willing to see you enter this program.

All application materials including letters of recommendation must be returned no later than June30 to:

Kathleen Phillips, Director
FIND – School of Spiritual Direction and Formation
6434 Hurta Lane
Bryan, TX 77808
Telephone: (979) 324-4302
E-mail: finddirectr@yahoo.com

Your admission application should be accompanied by a $150, non-refundable application fee. If you have any questions, please do not hesitate to call.

Application fee may be paid online at https://www.schoolforspiritualdirection.org/donations-payments. Or mail a check, payable to THE DIOCESE OF TEXAS, with application to the address above.

Recommendation from Primary Priest or Pastor
(or other member of the clergy in the case of a clergy applicant)

Name of applicant _____Date _____

How long and in what capacity have you known the applicant? _____

_____

What do you consider to be the applicant's personal strengths that best qualify him or her as a spiritual director or formation leader?

_____

_____

What do you consider to be the applicant's greatest weakness that might prevent him/her from being a successful director or formation leader?

_____

_____

Additional Comments:

Once the applicant has completed this program, would you be willing to have him/her carry out direction or formation within your faith community? _____

If possible, we encourage support, both spiritual and financial, from the applicant's faith community. Would you be willing and able to do this? _____

Your name_____ Title_____

Address_____ City_____

State_____ Zip_____ Phone (day)_____ (evening)_____

Signature_____ Date_____

Please return this form to:
Kathleen Phillips, Director
FIND – School of Spiritual Direction and Formation
6434 Hurta Lane
Bryan, TX 77808

Mobile: (979) 324-4302
Email: finddirectr@yahoo.com

Recommendation from Spiritual Director or Faith Community Representative

Name of Applicant_____ Date_____

How long and in what capacity have you known the applicant _____

_____

What do you consider to be the applicant's personal strengths that best qualify him/her as a spiritual director or formation leader?

_____

_____

What do you consider to be the applicant's greatest weakness that might prevent him/her from being a successful director or formation leader?

_____

_____

Additional Comments:

_____

_____

Once the applicant has completed this program, would you be willing to see him/her carry out spiritual direction or formation within your faith community? ____

Your name_____Title_____

Address_____

City_____ State _____ Zip_____

Phone (day)_____ (evening)_____

Signature _____ Date_____

Please return this form to:
Kathleen Phillips, Director
FIND – School of Spiritual Direction and Formation
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Bryan, TX 77808

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Recommendation from Faith Community Representative

Name of Applicant _____Date_____

How long and in what capacity have you know the applicant? _____

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What do you consider to be the applicant's personal strengths that best qualify him/her as a spiritual director or formation leader?

_____

_____

What do you consider to be the applicant's greatest weakness that might prevent him/her from being a successful spiritual director or formation leader?

_____

_____

Additional comments:

_____

_____

Once the applicant has completed this program, would you be willing to see him or her carry out direction or formation within your faith community? ____

Your name_____ Title_____

Address_____

_

City_____ State_____Zip_____

Phone (day)_____(evening)_____

Signature_____

_

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