

LINWOOD SPIRITUAL CENTER

PRACTICUM IN GIVING THE SPIRITUAL EXERCISES

APPLICATION

Complete the application,
attach 3 letters of reference,
and \$100.00 application fee.

Applications must be received by **Nov. 30, 2016**

Mail to:

Sr. Kathleen A. Donnelly, SU
Linwood Spiritual Center
50 Linwood Road
Rhinebeck NY 12572
Phone (845) 876-4178 X305
Fax (845) 876-1920

E-Mail: kdonnelly@st-ursula.org

Make checks payable to: **Linwood Spiritual Center**

Personal Data

Name :	Date of Birth :
Mailing Address :	
Phone (H) :	E mail :
Phone (W):	Fax :
Phone (cell) :	
Religious Affiliation:	Parish/Congregation:
Spiritual Direction Training :	
Date of Completion :	

Educational Background

Give a brief, but comprehensive outline of your educational background, non-degree studies, current ministry and experience in spiritual direction (as a spiritual director) and retreat ministry.

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Biographical Information

What are you looking for and what do you hope to receive from this program ?

What in your life is bringing you to desire training in the Directed Retreat ?

How have others called you to the ministry of spiritual direction ?

How have others called you to retreat ministry ?

What life experiences have been significant in preparing you for this ministry ?

Ministerial Experience

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Retreat Experiences

Types of retreats experienced:	
At Home Retreat _____	Weekend Directed Retreat _____
Directed Retreat _____	Guided Retreat _____
Other	
Spiritual Exercises in Daily Life (19 th Annotation Retreat)	
Date:	Place:
Thirty Day Retreat:	
Types of retreats I have given :	

References: Three Persons should be asked to submit a letter of reference attesting to your readiness and suitability for the ministry of spiritual direction and giving the Directed Retreat. Please submit letters in sealed envelopes.

<u>Spiritual Director</u>
Name:
Address:
Phone:
Length of SD Relationship:
<u>Person Familiar with your Current Ministry</u>
Name:
Address:
Phone:
Relationship:
<u>Another Person Who Knows You Well</u>
Name:
Address:
Phone:
Relationship:

* Application fee is non-refundable; it will be applied to cost of program.

Your signature _____ **Date** _____