

**FRANCISCAN UNIVERSITY OF STEUBENVILLE**  
**SCHOOL OF SPIRITUAL DIRECTION**  
**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
- Letter from Pastor (or Superior; Parish pastoral worker)
- Letters from two references (including spiritual director, if applicable)

**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, 19<sup>TH</sup> ANNOTATION (30 WEEKS) OR AN 8-DAY RETREAT FORMAT? IF SO, BRIEFLY DESCRIBE WHEN, WHERE, AND YOUR EXPERIENCE OF THE SPIRITUAL EXERCISES.

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## 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 HAVE DISCUSSED 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:**

Robert Siemens  
 School of Spiritual Direction  
 Franciscan University of Steubenville  
 1235 University Boulevard  
 Steubenville OH 43953

Phone: 740/283-6277

### ELECTRONICALLY:

Email: [SSD@franciscan.edu](mailto:SSD@franciscan.edu) (with attachments)