



CHARLOTTE SPIRITUALITY CENTER



APPLICATION

for The Spiritual Direction Program

Applying for: Summer Unit____ Spring Unit ____ Fall Unit____ Winter Unit____

Name _____ Date _____

E-mail address _____

Present Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Permanent Address (if applicable) _____

City _____ State _____ Zip _____

Home Phone _____

Denomination/Faith Group Affiliation: _____

Local Church Name/Address _____

Ministry Position _____ Ordained _____ Date: _____
(if applicable)

EDUCATION:

Degree/Date

College _____

Seminary _____

Graduate Study _____

Send this application directly to:
Charlotte Spirituality Center
c/o Linda Serepca, Director
6650 Park South Drive #8, Charlotte, NC 28210
704-469-6348 office 704-776-3787 cell

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Name _____ Date _____

References:

Denominational Reference (Name/Title) _____

Address _____ Phone _____

Academic Reference (Name/Title) _____

Address _____ Phone _____

Personal Reference (Name/Title) _____

Address _____ Phone _____

FAITH HISTORY:

1. A reasonably full account of your life, including important events, relationships with people who have been significant to you, and the impact these events and relationships have had on your development. Describe your family of origin, your current family relationships and your educational growth dynamics.
2. A description of the development of your religious life, including events and relationships that affected your faith and currently inform your belief systems.
3. A description of the development of your work (vocation) history, including a chronological list of positions and dates.
4. An account of a time when you companioned someone on their faith journey. What was this experience like for you? Where did you notice the Holy Spirit at work?
5. Your impression of Spiritual Direction and your educational goals, including how this training will be used to meet your goals for doing ministry.
6. Admissions Interview: You will be interviewed at the Center by a member of the Admissions Board.

(The following will be completed by your interviewer).

Admission Interview conducted by _____

Location _____

Telephone () _____ Date Interview Conducted _____

7. A \$25 application fee is required by Charlotte Spirituality Center. Please sign and date your application.

Signature of Applicant _____

Date _____ Date of Birth _____

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STUDENT NON-DISCRIMINATION POLICY. The Charlotte Spirituality Center, mindful of its mission as a place of peace and prayerfulness, inspiration and mutual encouragement, is open to all who share our common desire for spiritual growth, wholeness and fellowship. The Charlotte Spirituality Center does not discriminate against qualified applicants or students on the basis of their race, color, creed, religion, national/ethnic origin, age, sex, gender, gender identification, sexual preference, marital status, veteran status, or ability and abides by the Non-Discrimination Policy set in place by Carolina's Medical Center.