



CHARLOTTE SPIRITUALITY CENTER



Confidential Student Applicant Reference Form

Name of Applicant:

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

Would you recommend the applicant for acceptance into our three-year spiritual direction training program at this time? If so, what gifts does this potential student bring? If not, please explain reservations.

Please feel free to give additional information that might be useful to the Charlotte Spirituality Center concerning this applicant.

Please return form in stamped envelope enclosed to:

Charlotte Spirituality Center, Attn: Linda Flynn

4800 Wedgewood Dr. Suite # 100

Charlotte, NC 28210

Or: Flynnlin7@aol.com

Your name (please print)

Date

Thank you for your time!