



*AZ Ecumenical Institute for Spiritual Directors*

Located at the Franciscan Renewal Center (The Casa)

5802 E. Lincoln Drive, Scottsdale, AZ 85253

Telephone: 480-948-0707 ext. 124

Email: [aeisd@aeisd.org](mailto:aeisd@aeisd.org)

Website: [www.aeisd.org](http://www.aeisd.org)

**Spiritual Direction Formation Application: 2011-2012**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s): [H] \_\_\_\_\_ [W] \_\_\_\_\_ [CELL] \_\_\_\_\_

E-mail : \_\_\_\_\_

Date of Birth \_\_\_\_\_ Current Occupation \_\_\_\_\_

Religious Denomination \_\_\_\_\_

Affiliation and/or Congregation \_\_\_\_\_

Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_

Vowed Religious \_\_\_\_\_ Ordained \_\_\_\_\_ Other \_\_\_\_\_

Highest Academic Degree Earned: \_\_\_\_\_ Major \_\_\_\_\_

**IMPORTANT NOTICE:** When completed, this application, along with two letters of recommendation is the only information which will be considered. Please do not include any additional materials such as vitae, resume, etc.

The completed application with application fee of \$35 (check or money order made payable to: AEISD) should be mailed to:

Arizona Ecumenical Institute for Spiritual Directors  
5802 E. Lincoln Drive  
Scottsdale, AZ 85253

Thank you.

A. Prior to participation in this program it is expected that applicants have received spiritual direction for at **least 6 months** and have done serious discernment around this decision. This prerequisite can be fulfilled through the OASIS IN THE DESERT experience (offered by AEISD; more information available at [www.AEISD.org](http://www.AEISD.org)) Please comment on your experience in receiving spiritual direction and your discernment process around your interest in this formation program.

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B. The following **Foundational** classes are required as part of the AEISD certification program for Spiritual Direction Formation. These foundational classes must be taken as pre-requisites before you enter the program (offered as FOUNDATIONS IN SPIRITUALITY at AEISD – [www.aeisd.org](http://www.aeisd.org)). Please fill in the following table indicating which of these classes you have completed.

**Required Foundational Courses**

Title of the Class	Where Taken (Institution, etc)	Date(s) Taken
Intro. To Christian Spirituality		
Hebrew Scriptures/Old Testament		
Christian Scriptures/New Testament		
Christology		
Human Faith Development		

C. The following questions are designed to assist the staff in getting to know you in terms of background, experience, a call to this ministry, and your expectations as they relate to our program. Please answer as fully as you can.

1. How did you hear about this program?

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2. Outline your educational background after high school.

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3. Briefly describe what experiences, in particular, religious experiences, have attracted you to explore the ministry of spiritual direction.

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4. What are you looking for and what do you hope to receive from this program which will assist your growth in the ministry of spiritual direction?

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5. With whom and where do you expect to use your learning?

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6. What do you feel are the most important qualifications of a spiritual director/guide?

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7. Are you currently serving as a Spiritual Director? (If not, go to question 8) If yes, then in what context, (i.e., RCIA, Deaconate program, charismatic community, parish, religious community, etc,)? How long have you served as a Spiritual Director? What experiences affirm you in this ministry?

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8. If you have not been serving formally as a spiritual director, describe what experiences you have had as an informal companion in faith, spiritual counselor, or “sought-out” listener for other people which encourages you to explore this ministry?

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9. How would you honestly assess your assets and deficits relevant to spiritual direction/guidance at this point?

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10. List and give specific information on other recent theological training you have had.

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## PERSONAL REFERENCES

Please list the name, address and telephone number of two people whom you would trust to know your work and potential as a spiritual director/guide (e.g. your pastor, spiritual director). Ask them to submit a letter of recommendation for you to Arizona Ecumenical Institute for Spiritual Directors (forms are attached).

1. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

2. \_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Applicant's Signature

**LETTER OF RECOMMENDATION**

Arizona Ecumenical Institute for Spiritual Directors

Applicant, please complete top portion.

Applicant Name \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_  
Street/Apt. # City State ZIP

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Dear Friend,

You have been asked to write a letter of recommendation for the above-named person who is applying for admission into the School of Spiritual Direction at Arizona Ecumenical Institute for Spiritual Directors. This form has been prepared to assist you in writing your recommendation. Thank you for your interest in the applicant and for your support of spiritual direction formation. YOUR RESPONSE WILL BE KEPT CONFIDENTIAL.

In what way are you acquainted with applicant and his or her ministry?

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What is your personal appraisal of the applicant's gifts, calling, and actual works as a spiritual guide for others? (Please note the "spiritual guide" implies attending specifically to people's prayer life, felt relationship with God, spiritual experiences, and the like.)

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Can you relate any comments from other people regarding the applicant's gifts and abilities as a spiritual guide?

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What is your appraisal of the applicant's personal spiritual maturity and practice?

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What is your opinion of the applicant's psychological maturity and stability?

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Would you have any hesitation in referring someone to the applicant for spiritual guidance?

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Please mention at least one area of the applicant's life or work which you feel is in need of growth.

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Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Please mail directly to: Arizona Ecumenical Institute for Spiritual Directors  
5802 E. Lincoln Drive, Scottsdale, AZ 85253



Can you relate any comments from other people regarding the applicant's gifts and abilities as a spiritual guide?

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What is your appraisal of the applicant's personal spiritual maturity and practice?

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What is your opinion of the applicant's psychological maturity and stability?

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Would you have any hesitation in referring someone to the applicant for spiritual guidance?

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Please mention at least one area of the applicant's life or work which you feel is in need of growth.

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Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

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