

**Benedictine Spiritual Formation Program**

**APPLICATION FORM**

**Year I**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP Code \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_

WORK PHONE NUMBER \_\_\_\_\_

CELL PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PRESENT POSITION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

MYERS BRIGGS TYPE don't recall \_\_\_\_\_ (if known); ENNEAGRAM #  
\_\_\_\_\_ (if known)

**CLASSTIME DESIRED:**

Class times will be determined by class enrollment requests. For two classes enrollment would need to be thirty students. Should there not be thirty students enrolled the preference of the majority will determine the time of class.

If there is a choice, which time do you prefer? Please check:

\_\_\_\_ Wednesday a.m. 9:00 a.m.–11:30 a.m.

\_\_\_\_ Wednesday p.m. 1:00 p.m.-3:30 p.m.

\_\_\_\_ Wednesday p.m. 6:00 p.m.-9:00 p.m.

\_\_\_\_ Other \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS PROGRAM?**

**INTENTIONS**

Can you make a realistic commitment to weekly attendance, weekly reading, reflection and written assignments, monthly spiritual direction, four weekend workshops of one to two days? Explain.

## **SPIRITUAL DIRECTION**

Define Spiritual Direction as you know it now.

Have you been receiving on-going, regular spiritual direction?

If so, how many years: \_\_\_\_\_

Name of spiritual director (optional) \_\_\_\_\_

## **PERSONAL BELIEFS, PRACTICES AND FAITH COMMUNITY**

Briefly describe your concept of God.

Briefly describe your prayer life at this time.

Describe your religious affiliation over the past five years.

What do you consider as your present Faith Community?

## **FINANCIAL CONSIDERATION:**

Fifteen paying students are needed to offer the spiritual formation class for the coming year. Full payment is due before class begins. In special circumstances an installment payment system may be considered.

Will you be able to make your payment early or at the first class?

Are there special circumstances that you would like consideration for an installment payment schedule?

The number of work scholarships are limited per year. These will be considered after an enrollment of fifteen full payment students.

## **PERSONAL QUESTIONS AND CONCERNS**

State any questions and concerns you have at this time.

May we provide your name, address, email, phone numbers to your classmates after class begins? \_\_\_\_\_

Please return the completed application form and your \$50.00 registration fee to the Benedictine Spiritual Formation Program, 1235 Bison Ridge Dr., Colorado Springs, CO 80919 or e-mail [Patty@bsfp.org](mailto:Patty@bsfp.org) the completed application form and bring the \$50.00 registration fee to the pre-enrollment interview scheduled after receipt of the application.