

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 _____ (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 1st & 2nd choice:

____ Tuesday 1:00 - 3:30 p.m.

____ Tuesday 6:00 – 8:30 p.m.

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 a monthly 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 a monthly payment schedule?

The number of work scholarships is 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 this and a \$50.00 application fee to Benedictine Spiritual Formation Program, 2577 N. Chelton Rd., Colorado Springs, CO 80909 or e-mail Anne@bsfp.org.