



Diploma in the Art of Spiritual Direction

APPLICATION FOR ENROLLMENT

Application Checklist

- A completed **application form**.
- A non-refundable **application fee** of \$50 paid to SFTS at the time of application.
- A **personal statement**, two to three pages long, responding to the questions given on the application.
- References:** Please type or print your name clearly on the enclosed reference forms. Complete the waiver information at the top of the form before mailing it to your references. Note that if you do not waive your right to read the reference, your reference may not be as open or willing to write about you. We suggest you include a stamped envelope with SFTS's address when you forward the form to your references. Please provide two references from:
 - A **spiritual mentor/director/pastor**. You will need to print two copies of the form below. This is someone who knows you well, but is not a personal friend;
 - **One academic reference qualified to comment on your academic ability**. If you have been out of college or graduate school for over five years, or come from a large university where you may be unknown to a professor or administrator, you may substitute a professional colleague who knows you well.
- For **applicants whose native language is not English**, a minimum TOEFL score of 550 on the paper test, or 80 on the internet-based test, is required for admission consideration.
- All applicants must complete a criminal background check through CertifiedBackground.com and submit a Self-Disclosure Form.
- Mail or deliver collateral application materials to:

San Francisco Theological Seminary
Program in Christian Spirituality
105 Seminary Road
San Anselmo, CA 94960

It is the policy of San Francisco Theological Seminary not to discriminate on the basis of sex, age, race, color, physical disability, sexual orientation/identity, and/or national and ethnic origin in its educational programs, student activities, employment or admission policies, in the administration of its scholarship and loan programs, or in any other school-administered programs. This policy complies with requirements of the Internal Revenue Service Procedure 321-1, Title VI of the Civil Rights Act, and Title IX of the 1972 Educational Amendments as amended and enforced by the Department of Health and Human Services.



Please read information and instructions prior to completing form, and type or neatly print all information. You may also apply online at sfts.edu/apply-dasd

PERSONAL INFORMATION

Legal Name:

Last First Middle Social Security Number (required)

Mr. Mrs. Ms. Rev. Dr. Rev. Dr. Other, please specify

Preferred Name

Present Mailing Address City State/Zip

Alternate Mailing Address City State/Zip

Primary Phone Alternate Phone Fax

Primary Email Alternate Email

Primary Language Secondary Language(s)

ACADEMIC BACKGROUND

College or University Location Dates of Attendance Degree/Year Received

College or University Location Dates of Attendance Degree/Year Received

Graduate or Professional School Location Dates of Attendance Degree/Year Received

Graduate or Professional School Location Dates of Attendance Degree/Year Received

Have you taken any classes at SFTS or the GTU? If yes, please list the course, semester and professor:

OCCUPATIONAL HISTORY (Begin with most recent)

From/to Dates	Title/Description	Employer
From/to Dates	Title/Description	Employer
From/to Dates	Title/Description	Employer
From/to Dates	Title/Description	Employer

SPIRITUAL RELATIONSHIPS

Please provide the following information as applicable:

Denomination or Spiritual Community _____

Name of Church or Community	Address	Phone
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Are you ordained? Yes No To what ministry? _____

Date and place of ordination: _____

In which denomination were you ordained? _____

SPIRITUAL DIRECTION EXPERIENCE (check one):

- I have been in a formal spiritual direction relationship with someone serving as my spiritual director for _____ year(s).
- I have been the recipient of spiritual direction in informal settings with others serving in the capacity of spiritual director for _____ year(s).
- I have no formal or informal experience of spiritual direction at this time. (If you do not have experience in spiritual direction, please contact the director to see how you can satisfy this requirement..)

How did you hear about the spiritual direction program at SFTS? _____

Google Search Google Advertisement Facebook Pastor (please specify) _____

SFTS Alumni (please specify) _____ Printed publication (please specify) _____

SFTS Faculty or Staff Member (please specify) _____ Other _____

REFERENCES (Please list those who will complete your reference forms)

Name of Academic or Professional Reference

Phone

Title and Organization

Mailing Address

City

State/Zip

How do you know this person?

Name of Spiritual Mentor/Director/Pastor

Phone

Title and Organization

Mailing Address

City

State/Zip

How do you know this person?

Name of Spiritual Mentor/Director/Pastor

Phone

Title and Organization

Mailing Address

City

State/Zip

How do you know this person?

SIGNATURE

I have read the application and instructions and hereby apply for acceptance to the Master of Divinity degree program at San Francisco Theological Seminary. I have completed this form and all related documents honestly and to the best of my ability.

Signature

Date

Printed Name

PERSONAL STATEMENT

Please submit a three to four-page essay incorporating the following elements. Be sure to include your name on each page submitted.

- What draws you to spiritual direction?
- What do you think makes a good spiritual director?
- What gifts and preparation do you bring to your study? How do you perceive your current strengths and weaknesses?
- Say a few words about your spiritual journey: what life experience contributed to your interest in spiritual direction? What spiritual or worshipping community sustains you now? What spiritual practices are important to you?
- Name a book that has especially influenced you and why.
- What are your hopes for attending this program?

ACADEMIC OR PROFESSIONAL REFERENCE

The applicant has been asked to provide you with this form, together with a stamped envelope, addressed to Program Manager, Program in Christian Spirituality, San Francisco Theological Seminary, 105 Seminary Road, San Anselmo, CA 94960. Alternatively, you may email this form to DASD@sfts.edu. If you have questions, please contact us at 415.451.2867.

APPLICANT INFORMATION (to be completed by Applicant)

Name

Last	First	Middle
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Phone	Email
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Degree program	Semester and Year
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In accordance with the Family Rights and Privacy Act of 1974, the applicant can waive his/her right to view this recommendation. Should the applicant decide not to waive the right, he/she will have access to the letter only if enrolled in a program at the Graduate Theological Union and its member schools.

I HEREBY WAIVE my right of access to this recommendation.

I DO NOT WAIVE my right of access to this recommendation.

Signature	Date
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RECOMMENDER'S INFORMATION

Name:

Last	First	Middle
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Position/title

Institution

Street Address

City	State/Province	Zip/postal code	Country
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Phone	Email
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How long have you known the applicant? _____ In what capacity? _____

I am an Alumni of a GTU member school. Name of GTU School: _____

OVERALL RECOMMENDATION

Recommend most enthusiastically

Recommend

Recommend strongly

Recommend with reservation

Recommend with confidence

Do not recommend

WRITTEN STATEMENT: ACADEMIC OR PROFESSIONAL REFERENCE

This person is applying for a Diploma in the Art of Spiritual Direction program which has both experiential and academic components. The academic portion includes masters level classes through SFTS seminary. Please comment on the applicant's probable success in this kind of program, incorporating the following elements.

- In what context do you know the applicant?
- Does this person have the ability to read graduate level texts in contemplative theology and psychology, to think critically, engage learning with real curiosity, and write brief reflection papers of an academic quality?
- Is there anything else that might help us get to know the applicant better and assess their readiness for an academically oriented diploma in spiritual direction?

SPIRITUAL MENTOR/DIRECTOR/PASTOR REFERENCE FORM

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Name:

Last First Middle

Phone Email

Degree program Semester and Year

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I DO NOT WAIVE my right of access to this recommendation.

Signature Date

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OVERALL RECOMMENDATION

Recommend most enthusiastically

Recommend

Recommend strongly

Recommend with reservation

Recommend with confidence

Do not recommend

WRITTEN STATEMENT: SPIRITUAL MENTOR/DIRECTOR/PASTOR REFERENCE

Spiritual direction is a vocation for deep, contemplative listening to others on their spiritual path. This listening is rooted in the discipline and joy of on-going spiritual practice, worship, and openness to the many ways the divine manifests in human life. It requires maturity and good boundaries. With this in mind, please consider the strengths and challenges of the applicant.

- In what context do you know the applicant?
- What qualities or relationships make it seem likely that they will thrive as a spiritual director?
- What challenges might they have?
- What is the level of their spiritual and psychological maturity? Does this person have the ability to notice their own inner life, reflect on it, and yet remain open to deep listening to others? Does this person maintain appropriate boundaries?
- Is there anything else that might help us get to know the applicant better?



APPLICANT BACKGROUND CHECK: SELF-DISCLOSURE FORM

GENERAL INFORMATION AND INSTRUCTIONS

San Francisco Theological Seminary values our life together as a community. In order to honor our relationships with one another, as well as with the churches and ministries with whom we serve, SFTS requires applicants to the Program in Christian Spirituality to complete a criminal background check. Applicants who are citizens of the United States or who are currently living in the United States must complete a criminal background check through [CertifiedBackground.com](https://www.CertifiedBackground.com).

Instructions may be found at sfts.edu/admissions-aid/apply-sfts. The Admissions Committee has the discretion to request an international background check for those living outside the United States. In addition, all applicants, regardless of residency, must submit a true and correct Self-Disclosure Form in which they shall note and reflect upon any prior criminal convictions. The Self-Disclosure Form and criminal background check must be completed at the time of applying for admission. Prior conviction(s) will not necessarily preclude admission to an SFTS degree program.

APPLICANT INFORMATION

Name:

Last	First	Middle
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Please answer the following questions, sign and mail this form to the Director of Enrollment. Applicants who are citizens of the United States or otherwise living in the United States must also request a background check from [CertifiedBackground.com](https://www.CertifiedBackground.com).

Have you ever been convicted of, pleaded guilty to, or received deferred adjudication for any felony or misdemeanor, other than minor traffic violations? Yes No

If yes, please explain in detail and with full accuracy (if you need more space, please attach a separate sheet):

Signature: _____ Date: _____