



Welcome!

Thank you for your interest in the Spiritual Direction Certification Program at Lutheran Theological Southern Seminary of Lenoir-Rhyne University.

The application consists of five pieces:

1. Application pages 1 and 2
2. Background check form
 - a. Castle Branch, Inc. will conduct federal, state, and local background checks on all applicants.
3. \$40 non-refundable application fee – covers background check processing costs
 - a. Make checks payable to Lenoir-Rhyne University.
4. Recommendation cover form, checklist, comments – spiritual director/faith community leader
5. Recommendation cover form, checklist, comments – other

Your application will be considered once all five components have been received.

Like our Facebook page for up-to-date information about this program:

<https://www.facebook.com/spiritualdirectionltss>.

God is with you!

Rev. Dr. Melanie Dobson

CONTACT	
<p><i>With questions about the program and discernment on your participation...</i></p> <p>Rev. Melanie Dobson, Th.D. Director, Spiritual Direction Certification Program Lefler and Wohltmann Chair, Methodist Studies Assistant Professor melanie.dobson@lr.edu Cell: (919) 724-3557 Office: (803) 461-3229</p>	<p><i>With administrative/application completion questions... To email application materials...</i></p> <p>Diane Epperly Administrative Assistant diane.epperly@lr.edu Office: (803) 461-3237</p>
Columbia, South Carolina 29203	



APPLICATION FOR ADMISSION

APPLICANT CONTACT INFORMATION

Title: _____ First Name: _____ Middle Initial: _____ Last Name: _____

Preferred Name: _____

Physical Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different than above): _____

City: _____ State: _____ ZIP: _____

Preferred Phone: _____ Preferred Email: _____

APPLICANT PERSONAL & RELIGIOUS INFORMATION

• Date of Birth: _____

• Are you a member of a faith community? (Check one.) Yes No

○ If yes, which one? _____

○ If no, why? _____

• Are you ordained? (Check one.) Yes No (Ordination is not required, and does not impact applications.)

○ If yes, which denomination? _____

• Are you currently seeing a spiritual director? (Check one.) Yes No

○ If yes, how many years have you been in spiritual direction? _____

• How did you find out about this program? (Select all that apply.)

spiritual director

clergy member

friend

LTSS website

social media

church body/judicatory

Spiritual Directors International

Spiritual Direction at LTSS Facebook Page

Other: _____ Referrer Name: _____

ACADEMIC INFORMATION

List all undergraduate, graduate, and post-graduate institutions attended, beginning with the most recent.

Institution	City, State	Degree	Area of Study	Year Started	Year Ended

PROFESSIONAL HISTORY

List all jobs held within the last 15 years, beginning with the most recent.

Please attach a separate sheet, if more space is needed.

Employer	City, State	Position	Year Started	Year Ended

ESSAY

Please address the following items in 2-3 single-spaced pages attached to this application:

1. Your inner life
 - a. Your spiritual journey
 - b. Your spiritual practices
 - c. The relationships that sustain you
2. Why do you feel called to spiritual direction?
3. How do you anticipate using this training?
4. What attracted you to our program?

I hereby apply to be admitted as a student in the Spiritual Direction Certification Program at Lutheran Theological Southern Seminary, and certify that all information on this application is true.

Applicant Signature: _____ Date: _____

BACKGROUND CHECK FORM

NOTIFICATION AND RELEASE

Company Name: Lenoir-Rhyne University – Lutheran Theological Southern Seminary

The information contained in my application for enrollment at Lenoir-Rhyne University – Lutheran Theological Southern Seminary (hereinafter, “The Company”) is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Company shall result in The Company not enrolling me or, if enrolled, terminating my enrollment. I understand and agree that all information furnished in my application and all attachments may be verified by The Company or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Company all information relative to such verification and hereby release such individuals, organizations, and The Company from any and all liability for any claim or damage resulting therefrom. I hereby acknowledge that I have been informed by The Company that The Company may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Company in making certain enrollment decisions. I further acknowledge notification by The Company that reports may be provided to The Company by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Company, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including subcontractors, from any and all claims, monetary or otherwise, that I may have against The Company, its parent, affiliates, or subcontractors, arising out of the making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Company agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by Castle Branch Inc. You may obtain a free copy of the report within sixty days by calling Castle Branch Inc. at (910) 815-3880 or toll free at (888) 520-0520. The Company will make available to you “A Summary of Your Rights Under the Fair Credit Reporting Act.”

PLEASE PRINT

List all names that you have used during the last seven (7) years (including married, maiden, and aliases)

Name (First, Middle, Last): _____ Date of Birth: _____

Maiden Name or “AKA” (First, Middle, Last): _____ Dates Used (yrs.) from _____ to _____

Social Security #: _____ Driver’s License #: _____ State: _____

Current and Previous Address(es). PROVIDE ALL ADDRESSES FOR PREVIOUS 7 YEARS. Use extra page if necessary.

Street: _____ From: _____

City, State, Zip, County: _____ To: _____

Street: _____ From: _____

City, State, Zip, County: _____ To: _____

Street: _____ From: _____

City, State, Zip, County: _____ To: _____

Applicant Signature: _____ Date: _____

For Employer Use Only. Please mark the searches to be conducted.

Contact: _____ Email: _____

Phone: _____ Fax: _____

<input type="checkbox"/> County Criminal – All Counties past 7 Years <input type="checkbox"/> County Criminal – County of Residence <input type="checkbox"/> Statewide Criminal (State: ___) <input type="checkbox"/> Federal Criminal – Nationwide <input type="checkbox"/> Federal Criminal – Statewide (State: ___) <input type="checkbox"/> Civil Records – (County of Residence) <input type="checkbox"/> Nationwide Criminal Database <input type="checkbox"/> Parole & Probation Records (State: ___) <input type="checkbox"/> Sexual Offender Index Check (State: ___) <input type="checkbox"/> Motor Vehicle Records (State: ___)	<input type="checkbox"/> Social Security Verification <input type="checkbox"/> Residence History <input type="checkbox"/> Employment Verification (previous ____ employers) <input type="checkbox"/> Reference Verification (___ references) <input type="checkbox"/> Education Verification (highest completed) <input type="checkbox"/> Credit Report – Employment <input type="checkbox"/> Patriot Act Search <input type="checkbox"/> Search maiden Name, Birth Name or AKA (each name constitutes an additional search) <input type="checkbox"/> Worker’s Compensation (State: ___)
---	--



RECOMMENDATION COVER FORM

RECOMMENDATION FOR: _____
APPLICANT'S FULL NAME

CLERGY/SPIRITUAL DIRECTOR/FAITH LEADER
Please ask a leader in your faith community, clergy member,
or your spiritual director to complete this recommendation.

NOTICE: In compliance with the Family Education Rights and Privacy Act (FERPA) passed by Congress in 1974, this letter of recommendation cannot be considered as confidential without prior written consent of the applicant. Unless the applicant provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant's official admission file. The letter of recommendation will be destroyed when the applicant has been admitted as a student.

If the waiver printed below is not completed and signed by the applicant, one should not consider the comments in this letter to be confidential.

WAIVER: I, _____, hereby waive my rights to examine at any
APPLICANT'S FULL NAME

future time this letter of recommendation which I understand will become part of my admission file for the Certification in Spiritual Direction at Lutheran Theological Southern Seminary.

SIGNED: _____
APPLICANT'S SIGNATURE

Dated the _____ day of _____, in the year _____.

RECOMMENDER, PLEASE EMAIL COMPLETED
COVER FORM, CHECKLIST, AND COMMENTS
TO: diane.epperly@lr.edu

OR MAIL TO:
Lutheran Theological Southern Seminary
Spiritual Direction Certification Program
4201 North Main Street
Columbia, South Carolina 29203



RECOMMENDATION CHECKLIST

Dear Recommender,

The admissions committee of the Spiritual Direction Certification Program at Lutheran Theological Southern Seminary is seeking accurate information concerning this applicant’s readiness for theological study and spiritual formation. Your frank appraisal will be appreciated. Please complete the checklist which follows, add other comments on the next page, and return the completed and signed forms to the address indicated on the previous page.

Trait	Superior	Good	Average	Below Average	Poor	Unable to Report
RELIGIOUS LIFE						
Dedication to religious community						
Growth						
Character						
INTELLECTUAL QUALITIES						
Interest in learning						
Ability to learn						
Maturity of judgment						
PERSONALITY						
Emotional stability						
Personal discipline						
Openness to others						
PROFESSIONAL RELATIONSHIPS						
Initiative						
Cooperation and teamwork						
Ability to formulate, execute, and complete plans						
SOCIAL RELATIONSHIPS						
Ability to get along with others						
Relationship with all age groups						
Ability to make and keep friends						

Which statement best reflects your recommendation for this applicant? (Select one.)

- I heartily recommend this applicant for the program.
- I recommend this applicant for the program.
- I am hesitant to recommend this applicant for the program.
- I do not recommend this applicant for the program.



RECOMMENDATION COMMENTS

Dear Recommender,

On this page, please add comments that would assist the admissions committee of the Spiritual Direction Certification Program in the admissions decision for this applicant. Please elaborate on any skills or assets you believe this applicant would bring to the program. Also, elaborate on any hesitations you might have regarding recommending this applicant. Attach an additional sheet, if necessary.

RECOMMENDER CONTACT INFORMATION

Name: _____ How many years have you known this applicant? _____

Relationship to Applicant: _____

Signature: _____ Date: _____

Preferred Phone: _____ Preferred Email: _____



RECOMMENDATION COVER FORM

RECOMMENDATION FOR: _____
APPLICANT'S FULL NAME

OTHER
An adult non-family member may complete this recommendation.
Ideally, this recommendation would come from a peer
such as a colleague, co-worker, or congregant.

NOTICE: In compliance with the Family Education Rights and Privacy Act (FERPA) passed by Congress in 1974, this letter of recommendation cannot be considered as confidential without prior written consent of the applicant. Unless the applicant provides below a written waiver of the right to examine this document, it will be made available to the applicant, upon proper written request, as part of the applicant's official admission file. The letter of recommendation will be destroyed when the applicant has been admitted as a student.

If the waiver printed below is not completed and signed by the applicant, one should not consider the comments in this letter to be confidential.

WAIVER: I, _____, hereby waive my rights to examine at any
APPLICANT'S FULL NAME

future time this letter of recommendation which I understand will become part of my admission file for the Certification in Spiritual Direction at Lutheran Theological Southern Seminary.

SIGNED: _____
APPLICANT'S SIGNATURE

Dated the _____ day of _____, in the year _____.

RECOMMENDER, PLEASE EMAIL COMPLETED
COVER FORM, CHECKLIST, AND COMMENTS
TO: diane.epperly@lr.edu

OR MAIL TO:
Lutheran Theological Southern Seminary
Spiritual Direction Certification Program
4201 North Main Street
Columbia, South Carolina 29203



RECOMMENDATION CHECKLIST

Dear Recommender,

The admissions committee of the Spiritual Direction Certification Program at Lutheran Theological Southern Seminary is seeking accurate information concerning this applicant’s readiness for theological study and spiritual formation. Your frank appraisal will be appreciated. Please complete the checklist which follows, add other comments on the next page, and return the completed and signed forms to the address indicated on the previous page.

Trait	Superior	Good	Average	Below Average	Poor	Unable to Report
RELIGIOUS LIFE						
Dedication to religious community						
Growth						
Character						
INTELLECTUAL QUALITIES						
Interest in learning						
Ability to learn						
Maturity of judgment						
PERSONALITY						
Emotional stability						
Personal discipline						
Openness to others				<input type="checkbox"/>		
PROFESSIONAL RELATIONSHIPS						
Initiative				<input type="checkbox"/>		
Cooperation and teamwork				<input type="checkbox"/>	<input type="checkbox"/>	
Ability to formulate, execute, and complete plans					<input type="checkbox"/>	
SOCIAL RELATIONSHIPS						
Ability to get along with others						
Relationship with all age groups						
Ability to make and keep friends						

Which statement best reflects your recommendation for this applicant? (Select one.)

- I heartily recommend this applicant for the program.
- I recommend this applicant for the program.
- I am hesitant to recommend this applicant for the program.
- I do not recommend this applicant for the program.



RECOMMENDATION COMMENTS

Dear Recommender,

On this page, please add comments that would assist the admissions committee of the Spiritual Direction Certification Program in the admissions decision for this applicant. Please elaborate on any skills or assets you believe this applicant would bring to the program. Also, elaborate on any hesitations you might have regarding recommending this applicant. Attach an additional sheet, if necessary.

RECOMMENDER CONTACT INFORMATION

Name: _____ How many years have you known this applicant? _____

Relationship to Applicant: _____

Signature: _____ Date: _____

Preferred Phone: _____ Preferred Email: _____