Welcome!

Thank you for your interest in the Spiritual Direction Certification Program at Lutheran Theological Southern Seminary.

The application process consists of five pieces. These include:
- Application Form
- Background Check Form
- $40 Application Fee – to cover the cost of the background check. Please make checks payable to “Lenoir-Rhyne University”
- Letter of Recommendation – Spiritual Director or Faith Leader
- Letter of Recommendation – Other

Your application will be considered once we have received all five pieces.

Please send completed application to:
Lutheran Theological Southern Seminary
ATTN: Spiritual Direction
4201 N. Main St.
Columbia, SC 29203

Or, you can submit your application via email to:
spiritual.direction@lr.edu

If you have questions or need further assistance in completing the application process, you can contact spiritual.direction@lr.edu or call us. Like our Facebook page to get up-to-date information about this program: https://www.facebook.com/LutheranTheologicalSouthernSeminary.

God is with you!

Pastor Gary Dreier
Director
803-461-3222

Pastor Darcie Jones
Administrative Coordinator
803-461-3217
SPIRITUAL DIRECTION CERTIFICATION PROGRAM

APPLICATION FOR ADMISSION

CONTACT INFORMATION

Title: _______ First Name: ___________________________ Last Name: ___________________________

Name you prefer to be called: _________________________________________________________________

Mailing Address: _______________________________________________________________________

City: ___________________ State: _____________ Zip: ____________

Mailing Address: ______________________________ (Only if different than above)

City: ___________________ State: _____________ Zip: ____________

Preferred Phone Number: ________________ Preferred Email: ________________________________

PERSONAL & CHURCH/RELIGIOUS INFORMATION

Date of Birth: ___________________

Are you a member of a faith community? (Circle one) Yes No

If yes, which one? ________________________________________________________________

If no, why not? ________________________________________________________________
Are you ordained? (Circle one)  Yes  No
(Ordination is not required; ordination status does not impact your application)

If yes, what denomination? ____________________________________________________________

Are you seeing a spiritual director currently? (Circle one)  Yes  No

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

ACADEMIC INFORMATION

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

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<thead>
<tr>
<th>Institution</th>
<th>City/State</th>
<th>Dates: from/to</th>
<th>Degree</th>
<th>Major</th>
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PROFESSIONAL HISTORY

List all jobs held within the last 15 years.

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<tr>
<th>Employer</th>
<th>City/State</th>
<th>Dates: from/to</th>
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ESSAY

In 2-3 single-spaced pages, using the following outline, address:

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?

REFERENCES/BACKGROUND CHECK

With this application, you received reference forms for two people. Please have your spiritual director or a leader in your faith community complete one of the references. A non-family member who is over the age of 18 years old may complete the other reference.

Please complete the background check form. A federal, state, and local background check will be done for all applicants.

Please send a $40 non-refundable application fee when submitting your application. You can make the check out to “Lenoir-Rhyne University.” This $40 will cover the cost of the background check.

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: ________________________________

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

Lutheran Theological Southern Seminary (hereinafter, “The Company”)
SPIRITUAL DIRECTION CERTIFICATION PROGRAM

RECOMMENDATION FORM

PLEASE RETURN THIS FORM TO:

Lutheran Theological Southern Seminary
Attn: Spiritual Direction
4201 N. Main Street
Columbia, SC 29203

Letter of Recommendation for: ____________________________________________

APPLICANT'S NAME

NOTICE: In compliance with the Family Education Rights and Privacy Act 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

APPLICANT'S FULL NAME

at any 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.

Dated the __________ day of ________________, in the year ________________.

Signed: ________________________________________________________________

APPLICANT'S SIGNATURE
Our admissions committee 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, and return the completed and signed form to the address indicated above.

Relationship to applicant: ____________________________ How long have you known this applicant? _______

<table>
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<tr>
<th>Traits</th>
<th>Superior</th>
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<th>Average</th>
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Which statement best reflects your recommendation for this applicant?
- □ 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.

On the next page, please add comments that would be helpful to us in regard to this applicant. Please elaborate on any skills or assets you believe this applicant will bring to the program. Also, elaborate on any hesitations you might have regarding recommending this applicant. Attach additional sheets, if necessary.
# SPIRITUAL DIRECTION CERTIFICATION PROGRAM

## RECOMMENDATION FORM

**PLEASE RETURN THIS FORM TO:**

[...] Lutheran Theological Southern Seminary
Attn: Spiritual Direction
4201 N. Main Street
Columbia, SC 29203

Letter of Recommendation for: ________________________________________________________________

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Dated the __________ day of ____________________, in the year ________________.

Signed: __________________________________________________________________________

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Name: ____________________________________  Relationship: __________________________

Signature: _______________________________  Date: ________________________________

Daytime Phone: ___________________________  Email: ______________________________