

ST. PETER UPON THE WATER FORMATION PROGRAM FOR SPIRITUAL DIRECTORS
P.O. BOX 509, INGRAM, TX 78025-0509
830.367-5959

APPLICATION

Submission date: _____

Part A: Directory Information

Name _____

Address _____

City / State / Zip _____

Mailing address (if separate) _____

City/State/Zip _____

Home Phone _____ Cell Phone _____

Home Fax _____ Email _____

Occupation _____ Bus. Phone _____

Bus. Address _____ Bus. Fax _____

City/State/Zip _____

Date of Birth _____ Place of Birth _____

Social Security # _____ Citizenship _____

Driver's License # _____

Part B: Spiritual Community Affiliation & Sacramental History

Parish _____ City/State _____

Diocese _____ Pastor _____

Parish Phone _____

Church of Baptism _____

City/State _____ Date _____

Church of First Eucharist _____

City/State _____ Date _____

Church of Confirmation _____

City/State _____ Date _____

Are you in good standing with the Catholic Church? ____ Yes ____ No

If not, please explain the circumstances:

(Please fill out the following if applicable)

Matrimony

Church of Sacramental Marriage _____

City/State _____ Date _____

If married more than once or in a non-sacramental marriage, please describe the circumstances.

Current household members:

Spouse: _____

Name / Age: _____ Relationship _____

Name / Age: _____ Relationship _____

Name / Age: _____ Relationship _____

Holy Orders

____ Priest ____ Permanent Deacon Diocese of Incardination _____

Ordination date _____ Are your faculties (pagella) current? ____ Yes ____ No

Please provide a letter of recommendation from your Ordinary.

Current assignment and ministry

Religious Community

Religious congregation _____

Address _____

City/State/Zip _____ Phone _____

Date of permanent profession _____ Religious Superior _____

Please provide a letter of recommendation from your Superior (in addition to priest and friend)

Current assignment and ministry

Other Consecrated Life Communities

Name of Community _____

Address _____

City/State/Zip _____ Phone _____

Date of profession _____ Religious Superior _____

Please provide a letter of recommendation from your Superior.

Current assignment and ministry, if applicable

Part C: Education

High School/GED _____ City/State _____

Graduation date _____

College/University _____

Degree _____ Year _____

Post graduate:

College/University _____

Degree _____ Year _____

College/University _____

Degree _____ Year _____

College/University _____

Degree _____ Year _____

Business/Vocational:

Year

Diploma or Certificate

Continuing Education

Please provide a list of continuing education or formation courses you have completed.

Spiritual Formation:

List below any formation you have received in spirituality or as a Spiritual Director

Program

Dates of participation

If you left this program prior to completion, please explain the circumstances.

Spiritual Direction:

Are you currently in regular spiritual direction? _____

How long have you been in spiritual direction? _____

Part D: Recent Employment History

Begin with your current position.

Employer _____ Title _____

Address _____ City/State/Zip _____

Employer _____ Title _____

Address _____ City/State/Zip _____

Employer _____ Title _____

Address _____ City/State/Zip _____

Of all the work you did, what was most enjoyable and what was the least satisfying? Explain

Part E: Health and Disability Information

What is the general condition of your health? Please offer any necessary details.

Please describe any physical or learning disabilities that might require accommodation.

Part F: Photograph

Please attach a recent photograph of yourself to this application form.

Part G: Statement of Understanding

Please read the statement below and sign your name signifying your understanding and acceptance of the parameters.

I understand that my application material, once submitted, becomes the property of St. Peter upon the Water. I further understand that completion of this program requires a three year commitment. Continuation into Year Two and Year Three will be discerned by the formation team with consultation with the participant.

Participant Name (Please Print) Participant Signature Date



Please mail this application form with a \$50 non-refundable check to the address at the top of the form. Make check payable to “St. Peter upon the Water.”

If you have questions regarding the status of your application packet, please contact Dianne Albrecht, Registrar, at 830 367-5959 or dianne@stpeteruponthewater.org.