

## **CERTIFICATE PROGRAMS IN SPIRITUAL LEADERSHIP AND SPIRITUAL DIRECTION PROGRAM APPLICATION**

### **Steps Toward Acceptance as a Participant:**

1. Submission of this completed application along with the non-refundable application fee (see below)
2. Submission of two reference letters on your behalf (see below)
3. Interview with HeartPaths DFW faculty (to be scheduled after the above have been received and reviewed)
4. Notification of acceptance

### **Qualities of Applicants**

These programs are for lay and ordained Christians who:

- Are adults at least eighteen (18) years of age and of spiritual and emotional maturity
- Want to deepen their relationship with the living Christ
- Want personal support in deepening their skills and sensibilities regarding spiritual disciplines
- Desire an integrative body-mind-spirit approach and an experiential-mentor model of formation
- Wish to learn in an ecumenical environment through the Christian story and its symbols
- Are willing to honor all human experience as having a place in God's revelation
- Are interested in a contemplative, life-affirming approach to spirituality.
- Sense a calling to learn the art of spiritual formation and/or spiritual direction ministry

### **Reference Letters**

Provide the name, title, address, email address and telephone number of two references:

1. A pastor or leader from your community/congregation
2. A personal reference who can speak to your character and readiness for a program in spiritual leadership/spiritual direction

**Please contact these persons and send them a copy of the "Qualities of Applicants" listed above.** Ask them to submit their letter of recommendation on your behalf directly to us at [heartpathstraining@gmail.com](mailto:heartpathstraining@gmail.com) (preferred) or the mailing address below.

### **Application Fee**

The one-time, non-refundable application fee is \$100. The early application fee, if completed by July 15, is \$75. **NOTE:** Please make checks payable to **HeartPaths**, with a note about "application fee" in the memo line. You may mail a check to the address below.

Send completed application by email to [heartpathstraining@gmail.com](mailto:heartpathstraining@gmail.com) (preferred) or by mail to:

**HeartPaths DFW**

**P.O. Box 612712**

**Dallas, TX 75261**

## HEARTPATHS DFW APPLICATION FOR FALL OF 2025

Name \_\_\_\_\_ Today's date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email address \_\_\_\_\_

Religious Affiliation/Congregation: \_\_\_\_\_

Are you a clergy member \_\_\_\_\_? or a layperson \_\_\_\_\_? (Please check one.)

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

We hope to offer both in-person and online (Zoom) small group meetings for 2025-26, and we will flex accordingly pending facility availability, enrollment, etc. We anticipate that any "combined group" meetings will be online/Zoom for everyone. **Please answer ALL questions 1, 2, and 3 below.**

**1. Please circle or highlight ALL POSSIBLE TIMES for a weekly 2-hour group from Sep. 2025-May 2026:**

Tuesdays	Wednesdays	Thursdays
xxxxxxx	morning	morning
xxxxxxx	afternoon	afternoon
evening	xxxxxxx	evening

**2. Please circle or highlight your PREFERRED TIMES for a weekly 2-hour group from Sep. 2025-May 2026:**

Tuesdays	Wednesdays	Thursdays
xxxxxxx	morning	morning
xxxxxxx	afternoon	afternoon
evening	xxxxxxx	evening

**3. Please rank order (1=top choice) ALL THE LOCATIONS that would be POSSIBLE for you.**

\_\_\_\_ Collin Co/Allen    \_\_\_\_ Ft. Worth    \_\_\_\_ Lewisville/121    \_\_\_\_ Richardson    \_\_\_\_ Zoom/online

**Names of References:**

Name _____	Name _____
Title _____	Title _____
Email _____	Email _____
Address _____	Address _____
Phone _____	Phone _____

The questions on the following page are designed to assist the faculty in getting to know you in terms of background, experience, and your expectations as they relate to our program. We consider your answers private, and we will not share them with anyone outside the HeartPaths DFW leadership without your permission. Take as much space as you need for each question.

1. Briefly, tell us about your spiritual background.
2. What types of spiritual disciplines do you currently practice?
3. Have you ever been in spiritual direction? Are you currently seeing a spiritual director? Please tell us about your experiences.
4. What are you looking for and what do you hope to receive from this program?
5. How do you expect to use this training?
6. What questions do you have for us at this time?
7. Please tell us how you heard about HeartPaths – Name of friend/faculty member/pastor? Internet search? Other?