



**Recommendation Form for Participation in Spiritual Direction Formation Program**

Name of Applicant: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please fill out as much as you are able on a separate sheet of paper.**

In what way are you acquainted with the applicant?

In what way do you think this program resonates with your experience of the applicant?

How would you characterize the applicant's personal spiritual maturity and practice?

What is your sense of the applicant's psychological maturity, his/her capacity of openness to critique?

What do you see as the applicant's strengths that equip her/him for the ministry of spiritual companionship?

Name at least one area of the applicant you feel is in need of growth.

Please return via mail to:  
Spiritual Direction Program  
Cranaleith Spiritual Center  
13475 Proctor Road  
Philadelphia, PA 19116  
Or email to:  
Maria DiBello at [mdibello@cranaleith.org](mailto:mdibello@cranaleith.org)