

WINGS *Spiritual Studies for our Time*

Application for Admission to the WINGS Program

LEADINGS

Full Name _____
Surname First Middle

Permanent Address _____
Street Home Phone

Work Phone

City, State Zip, Country E-mail

Current Mailing Address (if different) _____
Street Social Security Number

Country of Citizenship

City, State Zip, Country Date of Birth (mm/dd/yyyy)

Previous Name on any academic records _____
Surname First Middle

Indicate which program you are applying for:	Spiritual Direction <input type="checkbox"/>	Spiritual Studies <input type="checkbox"/>
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Current Employment _____
Employer Title/Occupation

Street Position

for how long?

City, State Zip, Country

Education *List all institutions attended. Use additional sheet, if necessary.*

University or College	Where	From - To	Degree Earned / Major	Graduation Date

Continue on other side

List your academic, professional, scholarships, or other Awards, and any Publications:

List the Credentials or Certificates you hold:

Religious Affiliation

What church or religious community are you presently affiliated?

Are you
Ordained

- Yes
- No

If Yes, Date of Ordination

**Pastor's
Full Name**

Surname

First

Middle

Address

Street

City, State Zip, Country

Work Phone

E-mail

Additional Questions

- Yes No

Have you ever been
convicted of a felony?

If yes, explain

What influenced your choice of the WINGS Program? (Check all that apply.)

- Alumnus / Alumna
- Friend
- Bishop
- Faculty
- Event
- Web Site
- Rector
- Staff
- Publication
- Informational Meeting
- Other

If admitted as a student, I agree to abide by the rules, policies, and procedures of LEADINGS.

I do understand and agree my admission is dependent on the Admissions Committee's judgement of whether I meet the standards and criteria for admission. I certify that the information contained in this application is accurate.

Name

Signature

Date

LEADINGS does not discriminate in the administration of admissions or educational policies, scholarship or loan programs, nor in any other school-administered program, on the basis of race, sex, color, national and ethnic origin, sexual orientations, or disability.

Personal Statement

As part of your application, we request a personal statement. It should address your spiritual development and vocational goals. It should be five to eight printed pages in length, double-spaced, and should address the questions below. Be sure that you include your name at the top of every page of your statement. Please respond to these questions as specifically as possible, using examples.

1. Describe a recent experience of the presence or absence of God in your life.
2. How do you understand your vocation to spiritual formation at this time in your life?
3. How do you feel supported in this vocation by colleagues, family, friends, and religious community?
4. Why have you decided to apply to this program?

References

Please ask three or four people with whom you work, study, or pray, to write a reference letter and return it by the appropriate date to the address listed on the reference form (attached). Make as many copies of the reference form as you need.

It is not appropriate to request people for whom you currently serving as a spiritual director to complete a reference. Please seek people who know your spiritual journey and prayer life well, but with whom you are not in a pastoral relationship (lay or ordained).

Submit materials to:

The Rev. Canon Barbara J. Price
Director, The *WINGS* Program
26 Broadway
Rochester, NY 14607-1704

585-546-2160 x700
bprice@bexley.edu
www.bexley.edu

Please be sure to sign your application and include the \$50 non-refundable application fee with your materials.

Dear _____,

As part of my application for *WINGS*, a program in Spiritual Direction/Spiritual Studies, I am asking you to write a letter of recommendation for me. Please respond to the questions listed below. Please send your response, along with this form, to the address listed below.

1. In what capacity have you known this person?
2. What is your personal appraisal of the applicant's suitability for these studies: comment on the applicant's gifts, spiritual practices, and emotional maturity.
3. How comfortable do you think the applicant is with solitude? With community?
4. Would you have any hesitation in referring someone to the applicant for spiritual guidance? Have you actually done so or know others who have done so?
5. What are the particular challenges that this person is facing in their life right now?

Thank you so much for your help and your candor.

Name _____ Date _____

Please send your response to:

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