

**APPLICATION FORM**  
***The Way of Ministry***

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_

MEETING/CHURCH \_\_\_\_\_

**A. Write a summary** (2-6 pages) of your call to ministry as well as your experiences and challenges in living into that ministry. Please include reflections on your life experience as preparation for ministry, your personal faith and discernment, and commitment to serving a faith community. Please share an experience where following your leadings in ministry involved yielding to the discernment of a body of Friends, such as a meeting/church or care committee. Also, please share an experience when you received counsel from an elder or friend that helped you discover and understand a blind spot in your practice of ministry.

**B. Reflect briefly in writing on the following discernment questions.** These questions are meant for your own discernment and to assist with the admission process.

1. Are you able to make the time commitment that this program calls for? (i.e., daily spiritual practice, attendance at all four residencies, reading up to 100 pages per month, preparing four reflection papers, monthly meetings with a care/support committee, and actively engaging in the practice of ministry during the term of the course)
2. Are you willing and able to engage with the core teachers and the other course participants through regular email exchanges between residencies? What challenges might there be for you in this form of communication?
3. Are you dealing with personal needs that demand a major part of your attention at this time? (e.g., recent loss, emotional issues, financial or family pressures, professional demands)
4. For your safety/health, are there limitations that might affect your participation in this program?
5. Do you have a care/support committee? If not, do you have persons in mind who might serve on your care/support committee?
6. How will you pay for this program?
7. Have other questions arisen in your discernment process to enter into this program?

**RECOMMENDATIONS:** Please ask two people who know you well to write or e-mail regarding your call and experience in ministry as well as your readiness and aptitude for this program. Ask your reference to contact us within two weeks of the receipt of your application.

1. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
MEETING/CHURCH \_\_\_\_\_

2. NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
MEETING/CHURCH \_\_\_\_\_

\* \* \* \* \*

Application fee: **\$35**

Please make checks payable to *Philadelphia Yearly Meeting*, earmarked for the *School of the Spirit Ministry*.

Mail this page, your responses to the questions, and your application fee by **June 1, 2008** to:

School of the Spirit Ministry

c/o 1306 Hillsborough Road, Chapel Hill, NC 27516

*Late applications may be considered at the discretion of the Ministry.*