Missional Spiritual Direction Certificate Program

Application

This application is intended to help us understand your interest in the Missional Spiritual Direction Certificate Program. Your responses will provide insight into your background, spiritual journey, and readiness to engage in this learning community.

Please submit your completed application to bruce.jackson@bgu.edu.

Name: _____

Address: _____

Email: _____

Phone: _____

Note: As part of the application process, we will schedule a Zoom interview with you at a convenient time. This will give us a chance to get to know you better and answer any questions you may have.

By typing my full name, I confirm that everything I have shared in this application reflects my honest self-assessment. This will serve as my digital signature.

Signature: _____ Date: _____

1. Please share two formative events that have significantly shaped your life journey. *(Please limit your response to 500 words or fewer)*

2. Describe experiences that have affirmed your calling or guided you to align with God's mission. *(Limit your response to 250–300 words)*

3. Please share educational experiences that have had a meaningful impact on your life. *(Approx. 250–300 words)*

4. Describe your involvement in church or other faith communities and share any significant experiences that have shaped you. *(Approx. 250–300 words)*

5. Please describe your spiritual formation and current practices. *(Approx. 250–300 words)*

6. Have you ever received spiritual direction from a certified director? If so, how long did you meet with them, and in what ways was the experience meaningful to you? *(If yes, please respond in approximately 250–300 words.)*

7. What led you to apply, and how do you hope to benefit from this program? *(Approx. 150–200 words.)*

Please submit your completed application to **bruce.jackson@bgu.edu**