I. This part to be filled out by the applicant

Applicant’s name________________________________________________________

I reserve my right to read this reference _______________________________________

I waive my right to read this reference ________________________________________

II. This part to be filled out by the person giving the reference

The person named above is applying for the Spiritual Formation Program of Grace Institute for Spiritual Formation. This program involves participation in eight quarterly 45 hour sessions, four per year for two years at a retreat center near Dubuque, Iowa. Each of these quarterly sessions includes presentations, periods of silent reflection, workshops on various spiritual practices, small group meetings, and worship. Between sessions participants are expected to do some preparatory reading, and are encouraged to meet with a spiritual director. One goal of the program is to help participants become leaders in introducing others to some basic spiritual practices in their own context. So the program calls for quite a high commitment. Please respond specifically and honestly to the questions below (one word answers are not very helpful).

1. How is the applicant at following through on commitments of time and responsibility?

2. One major feature of the Spiritual Formation Program is the covenant group, five-six persons who meet together three times each session for personal sharing, mutual guidance, and practice in leading the group in a form of meditation. How good is the applicant at both listening and sharing with others?
3. Another feature of the Spiritual Formation Program is that each participant will be asked to initiate some new prayer ministry in his/her congregation or place of ministry. This might involve teaching others about prayer. How do you think this person would do as such a leader?

4. Does the applicant have any other strengths for this program, besides those already mentioned?

5. Are there any personal characteristics or history that might make it hard for this person to enter fully into this program?

Name____________________________________________Position_____________________
Address______________________________________________________________________
City____________________________________________State_________________Zip_____
Phone_____________________________________________E-mail________________
Signature__________________________________________Date__________________

Send this promptly to:  Lori Ostlie, Main 215
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