

Spirations Institute for Interspiritual Formation

RECOMMENDATION FORM Distance Learning Program

Applicant's Name: _____

Your Name: _____

Title and/or Organization: _____

Your Email: _____

Thank you for your role in the application process! Please address the questions below, contributing any other information which you think may be helpful in the evaluation of the applicant. Use an additional sheet if necessary. Forms may be sent via postal mail or as an email attachment. You may also complete a your recommendation online at www.spirations.com.

Spirations Institute for Interspiritual Formation
P. O. Box 190
Strawberry Point, IA 52076
info@spirations.com

1. How are you acquainted with the applicant? For how long?
2. The applicant is seeking admittance in a spiritual mentoring training program. Do you have any hesitation in recommending the applicant for this training process?
3. Please offer your personal evaluation of the applicant's personal spiritual maturity and practice.
4. Please offer your personal evaluation of the applicant's psychological maturity and stability.
5. Please offer your personal evaluation of the applicant's gifts for serving as a spiritual mentor.

