

## SPIRITUAL DIRECTION GRANT FORM

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Denomination: \_\_\_\_\_

Spiritual Director Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email \_\_\_\_\_

**Training/Certification & Insurance Information**

School or Program: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

Liability Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

*We have received the policies of the Seminary regarding spiritual directors working with seminarians and agree to abide by them. And with our signatures, we affirm that the above information is accurate.*

*We have met on these dates \_\_\_\_\_ and \_\_\_\_\_  
and the directee has paid \$35 for each of these sessions.*

|          |      |          |      |
|----------|------|----------|------|
|          |      |          |      |
| Directee | Date | Director | Date |

**Reimbursement Information (Please Circle A or B below)**

A I would like the \$70 credited to my seminary account.

OR

B I would like my reimbursement by check.

***Reimbursements will be offered in December and May only. Please submit this sheet to Rachel Gawn by 1 December or 1 May in order to receive your reimbursement that month.***