



Dominican Center
at Marywood

a ministry of Dominican Sisters - Grand Rapids

Spiritual Companionship Program
Reflections on Your Participation in
The Spiritual Formation Program – Foundations in Spirituality
Application Form – Part B

Name _____

Address _____

City/State/Zip _____

Email _____ Cell _____

Daytime Phone _____ Evening Phone _____

What has been your experience, thus far, of The Spiritual Formation Program?

What difference, if any, is it making in your daily life?

At this point, what factors other than personal preference affect your choice of continuing in the program in the year(s) to come?

When you consider continuation in The Spiritual Formation Program what are your hopes and what are your concerns?

(continue)

What are the strengths you bring to either a formal or informal spiritual ministry?

What are the growing edges you bring to either a formal or informal spiritual ministry?

Please return this form with a \$50.00 non-refundable deposit to:

**Diane Zerfas, OP, Program Director
Dominican Center at Marywood
2025 East Fulton Street
Grand Rapids, MI 49503**