



# Lancaster

## THEOLOGICAL SEMINARY

### SPIRITUAL DIRECTION GRANT APPLICATION

Download this form, complete all fields, save a copy for your files, and email completed form to the Rev. Dr. Kathy Harvey Nelson at [knelson@lancasterseminary.edu](mailto:knelson@lancasterseminary.edu)

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

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

Dates of Spiritual Direction Sessions with director listed below: \_\_\_\_\_

Spiritual Director Name and Phone: \_\_\_\_\_

Spiritual Director Mailing Address: \_\_\_\_\_

Certification / School / Program: \_\_\_\_\_

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

Liability Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

I/We have received the policies of the Seminary regarding spiritual directors working with seminarians and agree to abide by them. And with my/our signature, I/we affirm that the above information is accurate. We have met on these dates and the directee has paid \$ \_\_\_\_\_ for each of these sessions.

Directee signature and date: \_\_\_\_\_

Director signature and date: \_\_\_\_\_

#### REIMBURSEMENT INFORMATION (SELECT ONE BELOW)

- A. I would like the \$70 credited to my student account
- B. I would like my reimbursement by check.