International Seminary for Interfaith Studies (ISIS)

Spiritual Counseling Program Application

Thank you for your interest in the ISIS Spiritual Counseling Program.

Please complete all information this form, and return with a recent photo, resume, 2 letters of recommendation and your non-refundable $175 application fee, payable to "ISIS "to:

Registrar, ISIS
405 Tarrytown Road #1330
White Plains, NY 10607

Name: _____

Address: _____

City: _____ State: _____ Zip:_____

Home Phone: ( ) _____

Work Phone: ( ) _____

Fax: ( ) _____

E-mail: _____

Occupation: _____

Date of Birth (Optional): _____

How did you learn about ISIS?

_____

_____

Are you: _____ ISIS Alumni Year _____

___ Other Seminary Graduate _____ Year _____

I have enclosed or will forward letters of recommendation from the following people:

(1) _____

(2) _____

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To pay the $175 application fee by credit card, please fill out the information below:

Type of card: ___Master Card ___Visa ___American Express

Card Number:_____

Exp:_____Name as it appears on the card: _____

Signature:_____ Date:_____

International Seminary for Interfaith Studies (ISIS)

Please list briefly your educational background/work history (or attach resume):

_____

_____

_____

Please answer the following (Attach additional sheets if necessary)

(1) What attracts you to the ISIS Spiritual Counseling Program?

_____

_____

_____

(2) Write a brief description of your religious background and your spiritual journey/exploration to date.

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_____

(3) Describe briefly your current spiritual practice.

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_____

_____

(4) Have you had personal experience and/or professional training in psychotherapy, spiritual counseling, or other personal growth work? Please describe briefly.

_____

_____

_____

_____

Signature: _____

Date: _____