

# One Spirit LEARNING ALLIANCE

## ONE SPIRIT LEARNING ALLIANCE

One Spirit Interfaith Seminary  
Interspiritual Counseling  
**2011-12 Application Form**

### Instructions:

1. Please type or print clearly, completing all information. **Submit 3 copies** of your essay and application.
2. Submit with **non-refundable** application fee, payable by check, money order or credit card to "One Spirit Learning Alliance."
3. Submit a digital color 4x6 .jpeg headshot-type photo via email to admissions@onespiritinterfaith.org.

### Applying online: (detailed instructions at web address below)

- Download application from [www.onespiritinterfaith.org](http://www.onespiritinterfaith.org).
- Complete form in Microsoft Word and email application and essay to admissions@onespiritinterfaith.org.
- Submit with a digital color 4x6 .jpeg headshot-type photo via email.
- Submit **non-refundable** application fee online through our website, or mail a check or money order payable to "One Spirit Learning Alliance."

	<i>Interfaith Seminary</i>	<i>Interspiritual Counseling</i>
<b>Mailing Address:</b> Director of Admissions One Spirit Learning Alliance 247 W. 36 <sup>th</sup> Street, 6 <sup>th</sup> Floor New York, N.Y. 10018	<b>Application Fees:</b> Early (before May 1): \$95 Regular (May 1 – July 1): \$150 Late (after July 1): \$200	<b>Application Fees:</b> Regular (before August 15): \$95 Late (after August 15): \$150

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_ \* Please star the best phone number to reach you.

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Occupation \_\_\_\_\_

Birthday Month \_\_\_\_\_ Day \_\_\_\_\_ Year (Optional) \_\_\_\_\_

### *I wish to apply to:*

One Spirit Interfaith Seminary

**OR**

Interspiritual Counseling

### *I wish to enroll as a(n):*

(You must select one)

Attending Student

**OR**

Distance Learning Student

### I have enclosed, or will have forwarded, letters of recommendation from the following people:

#### Personal Reference

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

#### Professional Reference

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

How did you learn about One Spirit Learning Alliance? \_\_\_\_\_

(1) Please describe your reasons for applying to this training program.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Briefly describe your current spiritual practice and please include how long you have been engaged in this practice.

\_\_\_\_\_  
\_\_\_\_\_

(3) Please describe your experience as the recipient of spiritual counseling, psychotherapy, or other personal growth work and include how this has supported your life and spiritual growth.

\_\_\_\_\_  
\_\_\_\_\_

(4) ***For Interfaith Seminary/Spiritual Counseling:*** Please **attach a two-page description of your spiritual journey** up to now. Include what you learned from your religion of birth, the paths you have explored and how they have influenced you, practices that have been meaningful to you, and a brief description of your current relationship to Divine Spirit.

(5) Please **attach a resume or description of your work** and educational history.

**Please Note:** One Spirit offers Tuition Assistance for a portion/percentage off tuition only, in the form of limited work-study positions, available for qualifying attending and distance learning students.

(6) Please check here if you require a Work Study/Tuition Assistance application to be sent to you?

(7) Have you ever been found guilty of any felony charges or ethical violations, or are there any such charges pending against you?  No  Yes (If you answered yes to question 7, you must attach an additional sheet explaining the circumstances in order to be considered for admission.)

***I attest that all of the information I have provided is true.***

Signature \_\_\_\_\_ Date \_\_\_\_\_

I would like to pay my application fee with the following:

**Check or money order** made payable to "One Spirit Learning Alliance" and mailed to the address below.

Check # \_\_\_\_\_

**Credit Card**  MasterCard  VISA  American Express  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

(MC/Visa last 3 digits printed in the signature area of the back of the card – Am Ex four digits on front)

Name as it appears on the card: \_\_\_\_\_

**By signing below, I authorize One Spirit to charge my credit card.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Paid online** \_\_\_\_\_ (form updated 09-21-10)