



Drawing from the well of Christ
Contemplatively
Actively

Deepening Year for Direction Ministries
APPLICATION/INFORMATION FORM

NAME _____ () _____ () _____
PHONE(S) HOME WORK

ADDRESS _____ CITY/TOWN STATE ZIP

EMAIL: _____

- Applying for DYDM*
- Requesting more information on DYDM and other Oasis programs
- Desire a phone call to talk about program
- Please add me to your mailing list

RELIGIOUS AFFILIATION _____

- I HAVE A SPIRITUAL DIRECTOR (NAME) _____
- DESIRE A SUGGESTION FOR A SPIRITUAL DIRECTOR

*APPLICATION FEE ENCLOSED \$ _____ (check payable to "Oasis Ministries" OR VISA/MC/Discover also welcomed)

VISA/MC/Discover Card # _____

EXP. DATE ____/____

3-digit SECURITY CODE (on back of charge card) _____

SIGNATURE _____ (approval for Oasis to charge your card.)

***To apply to DYDM, fill out this page and also include:**

1. A short statement (approximately one page, single spaced) giving the reason(s) you are interested in this program, and what you hope to gain from this program.
2. The name, address and phone number of the training program which prepared you as a spiritual director.
3. The names, addresses and phone numbers of two persons who will act as references for you and be supportive through this time. *Please ask each to write Oasis a brief letter outlining how they think this program would be right for you at this time.*

Please send this page and any additional, pertinent information to Betsy Keller, Oasis Ministries for Spiritual Development, 419 Deerfield Road, Camp Hill, PA 17011

Information may also be emailed (minus credit card info) to betsykeller@oasismin.org