

# EPIPHANY CERTIFICATION PROGRAM (ECP) APPLICATION



NAME:

ADDRESS:

PHONE:

Cell

Other:

EMAIL:

Current Position / Occupation

Religious Denomination

Date of Birth

## OFFICIAL APPLICATION

The following steps are needed to complete your ECP application. ALL steps must be completed for entrance to the program after which you will receive your notification of acceptance.

I. **Send two letters of recommendation** (Two forms are included at the end of this packet).

Recommendation #1 — from a person of your choice

Recommendation #2 — from a person in authority

(eg pastor; Bishop; Religious Order Superior)

Please have these letters sent to:

Epiphany Association  
820 Crane Avenue  
Pittsburgh, Pennsylvania 15216-3050  
Attn: ECP Application

412-341-7495 (fax)

If accepted into ECP, I plan to attend:

REGULAR CYCLE: March-June-October

SUMMER CYCLE: July

Please request current dates by contacting  
[epiphanyassociation@gmail.com](mailto:epiphanyassociation@gmail.com)

II. Provide the **following biographical details** and include with them a **recent photograph** of yourself.  
(Please print your name on the back of the photo.)

A. Educational Background (including degrees, and fields of concentration)

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B. Ministerial and Formational Experiences (including current areas of service, retreats made, prayer practices, and whatever other aspects of your spiritual life you wish to share.)

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C. What gifts, character traits, and skills do you bring to ECP? What do you identify as your strengths?

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D. What are a few of your reasons for choosing to apply to ECP?

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E. Comment on your willingness to enter into your own personal and communal growth process.

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F. Describe your present state of physical and emotional health and indicate if you have any physical or psychological limitations.

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III. **Provide a formative essay** consisting of approximately two sides, single-spaced, following these guidelines:

1. Describe briefly your early childhood and family life (initial formation).
2. Mention a few people, events, employment, and experiences which stand out in your mind as most significant in your development---those that influenced the shaping of your life [ongoing formation).
3. Include significant illnesses, deaths, traumas and times of personal crises---what you learned from them as well as those needing further attention (crises of transcendence).
4. If a symbol, word or Scripture passage captures your life journey to this point, please include it with your reflections (formative reading of Scripture and the masters).
5. How has your life journey led you to requesting this opportunity to do ECP?

**EPIPHANY CERTIFICATION PROGRAM - LETTER OF RECOMMENDATION**

820 CRANE AVENUE  
PITTSBURGH, PENNSYLVANIA 15216-3050  
412-341-7494 (PHONE) • 412-341-7495 (FAX)

This letter is written on behalf of   
who is applying for participation in our Epiphany Certification Program.

Please comment on your reasons for recommending this person for participation in this program.  
Include pertinent information which will be helpful for us as we facilitate this person's study.  
We appreciate your honest assessment of his / her emotional and spiritual maturity.

Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_

Position Relative to the applicant \_\_\_\_\_

Length of Time you have known this person \_\_\_\_\_

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Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Signature \_\_\_\_\_

Position Relative to the applicant \_\_\_\_\_

Length of Time you have known this person \_\_\_\_\_