

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 a supervisory capacity
(familiar with your faith journey)

Please have your letters of recommendation forwarded to:

Epiphany Association
820 Crane Avenue
Pittsburgh, Pennsylvania 15216-3050

412-341-7495 (fax)

or email to:

epiphanyassociation@gmail.com

CALL 412-341-7494 or 1-877-324-6873 if you have any questions related to your application.

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)

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.)

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

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

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

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

III. Write a **formative essay, limited to three pages in length**, taking into account the following guidelines:

- A. Describe briefly your early childhood and family life (initial formation).
- B. Name a few people, events, employments, or experiences that have shaped your ongoing formation thus far, and explain why this was so.
- C. Consider what you have learned from your experiences of personal crises (such as significant illnesses, deaths, traumas, etc) and ponder their influence on your faith and formation journey. If a symbol, word or Scripture passage is pertinent to this experience, please include it in your reflections.

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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