

Mariandale Retreat and Conference Center

299 N. Highland Ave. Ossining, NY 10562
(914) 941- 4455 www.mariandale.org

Contemplative Formation Program

Personal Reference Form

Please address each question indicating your judgment of the applicant's suitability for this formation program for furthering his/her spiritual life. After completion, please sign and send to:

**Janet E. Corso
Director of Mariandale
299 N. Highland Ave.
Ossining, NY 10562**

Candidate's Name:

1. For how long and in what capacity have you been acquainted with the applicant?
2. What is your appraisal of the applicant's level of spiritual and psychological maturity?
3. Assess the ability of the applicant to maintain the discipline of silence as well as to relate with others in one-on-one and group situations.
4. Please mention at least one area of the applicant's life or ministry which you feel is in need of growth.

5. Do you wish to share other important information about the applicant?

Name (please print):

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Signature:

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Date:

Your email address or phone # in the event that we may need further information: